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ABSTRACT

This report presents findings of an assessment of the Wisconsin Division of Vocational Rehabilitation's (DVR) services to women with disabilities. The first part of the report reviews current literature related to the provision of vocational rehabilitation services to women with disabilities nationwide. The second part displays and interprets descriptive data regarding DVR's services to women during fiscal years 1981-84. Data indicate that women do not receive DVR services proportionate to their incidence in the Wisconsin population with disabilities; Wisconsin DVR is serving a much younger population than the national average; and the marital status of female clients in Wisconsin does not follow the national trend in that more clients were never married than married. The third section reviews information from DVR files to examine the kinds of competitive employment female clients are achieving at closure and identifiable "disincentives" that may prevent women from seeking DVR assistance in preparing for competitive employment. The final section recommends 12 changes in access, goal setting, service delivery, and employment to promote full economic participation for women with disabilities. Recommendations are aimed at changes in counselor resources, outreach, client options, visibility, and information requirements. (YLB)

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WOMEN'S INITIATIVE STUDY

Access, Services, and Outcomes for Women with Disabilities in Vocational Rehabilitation

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EXECUTIVE SUMMARY

In recent years a small, but growing, body of literature and academic research has identified special concerns related to vocational rehabilitation access, services and outcomes for women with disabilities. These concerns focus on the compounding effect of disability, gender, and minority stereotyping, that are seen as a substantial barrier to employment and economic independence. In 1985, DVR assembled a Women's Initiative Advisory Committee to direct an assessment of its services to women during the years 1981 through 1984 and identify any changes in access, goal setting, service delivery, and employment that would promote full economic participation for women with disabilities in Wisconsin.

Four areas of immediate concern to DVR are highlighted by the attached Women's Initiative Study:

1. Of those receiving service from DVR during this time, the proportion of women (38 to 39%) was substantially below the national average as reported by the RSA (49%) in 1982. Of all new clients during the period of the Study, only 29% were women;
2. Of those in the system, a lower proportion of women achieve competitive employment (77 to 78%) than their male counteparts (92 to 93%) and, even when employed competitively, women are more likely to be employed only part-time;
3. Traditional assumptions (stereotypes) continue to shape and limit women's options, particularly in terms of goal setting, preferred and/or allowed services provided, and range of employment positions obtained.
4. Information about vocational rehabilitation access, services, and outcomes for women with disabilities at the national, regional, state, local, and individual level is extremely limited.

Since efforts to address these areas must reach a broad audience -- including consumers, their families, providers, employers, and the general public -- it is essential that DVR's response be sufficient in scope and duration to secure greater economic opportunity for women with disabilities. Therefore, the DVR Management Team agreed to the following recommendations:

Recommendation #1 - Caseloads

In order to minimize the amount of counselor time devoted to the unique counseling needs of some women clients, the Project CAREERS "Ready, Willing and Able" (RWA) tapes, workbook, and staff development package will be available to counselors and their clients:

a. central and all field offices will have a set of the RWA open-captioned video tapes by the end of January 1987;
b. 50 RWA workbooks for use in field offices, central office, and demonstration purposes;
c. 350 RWA workbooks delivered to the Vocational, Technical and Adult Education (VTAE) central office before the end of January 1987 to be available free of charge to women who wish to participate in the nearest VTAE course of study built around the RWA tapes, workbook and staff development package;
d. acquisition of at least one RWA Staff Development Package as soon as it is available.

Recommendation #2 - Training

On-going training will include recognition of problems that impact women more severely and offer useful strategies and techniques to address these issues:

a. the DVR Women's Initiative Coordinator (WIC) will prepare and send a summary of the Disabled Women and Career Choices Workshop to all DVR counselors, workshop participants, and other interested persons by end end of January 1987;
b. DVR, the University of Wisconsin system, and the Wisconsin Rehabilitation Association (WRA) will co-sponsor a second workshop on women's issues in the summer of 1987;
c. The Women's Initiative Coordinator will use the RWA tapes, workbook, and staff development package to provide an in-service training vehicle for all direct service staff and management by the end of the first half of 1987.

Recommendation #3 - Counselor Options

Since no currently active model of a support group for women with disabilities is available, direct action is not recommended at this time:

a. Both the University of Wisconsin - Stout and the North Central Technical Institute (NCTI) are developing models. The Women's Initiative Coordinator will continue to monitor the models for possible implementation as a DVR pilot project;
b. the Women's Initiative Coordinator will propose the addition of a new standing committee to the State Consumer Advisory Council at its next meeting. This committee will have the responsibility of identifying needs and presenting recommendations to DVR management to protect vulnerable groups among people with disabilities, i.e., women, racial/ethnic minorities, and those over 45 years of age.

Recommendation #4 - Outreach

DVR will attempt to increase the number of appropriate women referrals by:

a. cooperating with the VTAE system to publcize the state-wide broadcast of the RWA tapes and corresponding VTAE course offerings. DVR has sent a letter of agreement to VTAE District Directors. The Women's Initiative Coordinator will work directly with the VTAE representative to disseminate information about this program through press releases, articles in selected newsletters, and public service announcements on radio and T.V. This will be a continuing activity during the first half of 1987;
b. the Women's Initiative Coordinator will present the RWA tapes, workbook and staff development package to the State Consumer Advisory Council at its next meeting;
c. the Women's Initiative Coordinator will work with the University of Wisconsin system and VTAE to introduce the RWA resource into both counselor training and general student awareness;
d. DVR will continue to support the use of video tapes that train Aid for Dependent Children (AFDC) intake workers to properly identify eligible women and refer them to DVR;
e. the Women's Initiative Coordinator will continue to make presentations at various meetings, workshops, and conventions to expand DVR's visibility. A particular focus will be the Local and State Consumer Advisory Councils.

Recommendation #5 - Self-Defense

Since there is insufficient information available, the matter has been referred back to the Women's Initiative Advisory Committee.

Recommendation #6 - Childcare

Although DVR has provided financial support for childcare in some instances in the past when similar benefits options were exhausted, the agency will establish a new case service code specifically for childcare before the end of January 1987. The emphasis on using similar benefits to the greatest possible extent remains, however, the agency expects the new code to highlight and legitimize the use of case service dollars for childcare as part of the Individual Written Rehabilitation Plan (IWRP).

Recommendation #7 - Academic Options

In instances where DVR is not the primary support of a client who wishes to attend school on a trial basis and whose evaluation indicates probable success in a college or technical school setting, case service dollars may be used to provide tuition and books for one semester at less than a "full" academic load.

Recommendation #8 - Advocacy

The Women's Initiative Coordinator will continue projects designed to raise public awareness of issues and options identified in this study:

a. particular attention will be devoted to Consumer Advisory Councils and general consumer awareness;
b. legislative action and Division policy and programming will be monitored for its effect on women with disabilities.

Recommendation #9 - Women's Initiative Project

Since it does not appear possible to secure further state funding for the Women's Initiative Project at this time, DVR will hire an experienced grant writer to explore possibilities to extend the Project.

Recommendation #10 - Quality Assurance

Since it does not appear possible to obtain authorization for additional Quality Assurance personnel in the next budget, DVR will ensure:

a. copies of this study and other information related to the Women's Initiative are available for the existing Quality Assurance team;
b. the Quality Assurance team will view the RWA tapes.

Recommendation #11 - Tracking

As indicated in Recommendation #9, exploration has begun to locate and secure grant money to fund this proposed attempt to institute a long-term follow-up study of DVR clients.

Recommendation #12 - Region V Study

Through Region V of the Council of State Administrators of Vocational Rehabilitation (CSAVR) this Division is committed to financial and in-kind support of this longitudinal, regional study of access, services, and benefits in the Federal-State Vocational Rehabilitation program. DVR will provide coordination through the Women's Initiative Coordinator, one analyst, and one writer as requested, and sufficient financial support to honor the assessment for each State.

Existing statistical information is not sufficient to draw valid conclusions as to the relative equity of access, services, and benefits in Wisconsin's DVR for women or men. The above recommendations represent a positive effort to address issues and concerns that appear to impact women with disabilities more directly than their male counterparts. It is anticipated that this study will be only a part of the continual process of renewal and up-dating in Wisconsin's Division of Vocational Rehabilitation.

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INTRODUCTION

> ". . . then your valuation of a male from twenty years old up to sixty years old shall be fifty shekels of silver, according to the shekel of the sanctuary. If the person is a female, your valuation shall be thirty shekels."
>
> Leviticus 27:1-4

What have been the changes in society and the marketplace since the writing of this Old Testament scripture? During the past two decades, women have had the most significant transformations in their role in society -- entering the workforce in record numbers, affecting traditional lifestyles, changing interpersonal relationships. In today's marketplace, however, a women's worth is just 64 percent of a man's, a gain of four percent in the past 2000 years. (Spain, 1985)

According to the 1982 March Current Population Survey (CPS), of the 147 million people of working age, 13.1 million or 8.9 percent were classified as having a work disability -- 8.5 percent or 6.4 million working age females and 9.3 percent or 6.7 million working age males. Of these, nearly 66 percent of the men and 80 percent of the women were not part of the workforce. The effects of a disability are great for all but more so for women. Thurer (1982) states ". . . the fact that the pain of a disability is sex-blind does not imply that the issues are the same for males and females. Nor does it imply that rehabilitation services are equitable." (p. 194) Only recently have researchers and professionals in vocational rehabilitation and other agencies become aware of the plight of women as workers. Presently, however, there is a paucity of studies related to the people with disabilities, to women, and especially to women with disabilities. (Deegan, 1981; Hollingsworth and Mastroberti, 1983; Vash, 1982) There is little literature that deals with how disability may affect men and women differently or the different types of rehabilitation that may be needed by women. (Tate and Weston, 1982)

In 1979, the Michigan Bureau of Rehabilitation did a comparison of characteristics of male and female clients rehabilitated in 1978. A sub-group task force of the Michigan Rehabilitation Association (MRA) in 1980 reported on their study of the extent of sex bias in rehabilitation for women clients. These were among the first attempts to determine what differences exist between men and women rehabilitation clients and whether a sex bias is apparent in services to women.

The needs of women with disabilities are a growing concern, as reflected by the National Rehabilitation Association (NRA) action appointing a task force to study Women's Issues in Rehabilitation. In addition, in May 1982, NRA published the report of the sixth Mary E. Switzer Memorial Seminar which was dedicated to women's issues. One of the seminar's recommendations was to

research vocational rehabilitation, social security, and other systems to determine whether or not women are accessing themselves to available benefits and if they do access themselves to services whether the benefits are scaled down. (Carrick and Bibb, 1982) Through studies such as these, much could be gained to alter the present system of benefits available to and for women with disabilities.

In 1983, the Wisconsin Division of Vocational Rehabilitation and Region V Directors, in an effort to improve services to people with disabilities, initiated projects to look specifically at the needs and services provided to women with disabilities by the vocational rehabilitation system.

The state-federal rehabilitation program, since its inception, has emphasized meeting the needs of individuals with disabilities. The inherent right to the opportunity to work and to contribute to society serves as a basic premise to rehabilitation, that is, the process of restoring the individual with a disability to the fullest physical, mental, social, vocational and economic usefulness of which he/she is capable. It is important, then, that the state-federal program develop and implement effective means for the inclusion and delivery of services to all eligible persons. (Harrison, 1984)

The Wisconsin "Women's Initiative" believes that it is important that all eligible persons be made aware of and receive the comprehensive services needed to obtain the fullest physical, mental, social, vocational and economic usefulness of which they are capable. The purpose of this study is:

1. To review current literature related to the provision of vocational rehabilitation services to women with disabilities nationwide.

2. To isolate, display and interpret descriptive data regarding DVR services to women with disabilities in Wisconsin during fiscal years 1981 through 1984.

3. To recommend changes in access, goal setting, service delivery and employment that will promote full economic participation for women with disabilities in Wisconsin and across the nation.

A. REVIEW OF RELATED LITERATURE

LEGISLATION

In 1920, the passage of the Civilian Rehabilitation (Smith-Fess) Act: Public Law 66-236 established the state-federal vocational rehabilitation program to assist individuals with disabilities that limit vocational options to enter or re-enter the labor market in a productive way.

During the 1920's the Women's Bureau of the Department of Labor was developed to deal exclusively with the concerns of women in the labor force. The Women's Bureau "develops programs and policies addressing the concerns of women workers, such as sex stereotyping and non-traditional jobs, employment, training and occupational safety. It's efforts include a national initiative on employer-sponsored child care, recommendations on the implementation of alternative work schedules and dissemination of statistical information about women in the labor force." (Coalition on Women and the Budget, 1984, p. 52.) Women and minorities are covered by all civil rights laws and regulations such as Title IX of the Educational Amendments of 1972 (sex equity in education) and Title VI of the Civil Rights Act of 1964 (equity based on race, color and national origin), and Title VII of the 1964 Civil Rights Act (sex is an illegal ground for discrimination).

The most famous and controversial law of all disability legislation has been Section 504 of the Rehabilitation Act of 1973, Title V. Title V of the Rehabilitation Act of 1973, as amended, consists of seven sections. These sections cover the following: employment of qualified persons with disabilities; elimination of physical barriers to employment and services; non-discrimination in the provision of services to and employment of persons with disabilities; and, Section 504. Section 504 ". . . became effective in 1977 and is considered to be the major U.S. civil rights law for people with disabilities. Section 504 prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance and in all agencies of the executive branch of the federal government." (Office of Equal Opportunity, 1981)

In 1975 the Education for All Handicapped Children Act: P.L. 94-142 was passed. It guarantees a "free and appropriate" public education to all students. P.L. 94-142 assures safeguards and involvement for parents and students in the evaluation, development of written individualized educational plans (IEP's) and placement in an environment which permits that student to function effectively and independently with reasonable modifications, if needed.

The legislation is written in such a way that one could expect equal opportunity for all. However, Carrick and Bibb (1982), in referring to the above legislation plus other benefits that are accessible to women, notes:

> ". . . All of these have benefits available to disabled women, either because they are women or because they are disabled. If both, the spirit and the letter of the law were implemented, perhaps there would be little need for papers and/or seminars that address the topic of "Women and Rehabilitation". Unfortunately, this is not reality, and it is important that we discriminate the real from the idea, and laws often reflect the ideal (p. 35)."

In summary, the laws and regulations are in effect to assist people with disabilities, women and women with disabilities to obtain vocational rehabilitation services, to receive the education that meets their needs, and to be able to obtain employment. The question is whether this is the situation for women and especially for women with disabilities.

WOMEN

Demographics. The 1980 U.S. Census Report indicated that there were 113.1 million women and 107.4 million men. Women thus represent 51 percent of the total population. Women also exceed 50 percent of the working age population.

Between 1950 and 1974 the number of women who were employed nearly doubled while the number of men in the labor force increased by only about one-fourth. However, in both 1960 and 1970, over half of the women workers were concentrated in clerical, operative and service positions. (Bureau of the Census, 1976)

In 1982 nearly 48 million women were in the labor force. This was 53 percent of all women, 16 to 64 years of age, and accounted for 43 percent of the civilian labor force. About 6.7 million women of minority races were in the labor force; or 54 percent of all minority race women in the population. (U.S. Department of Labor, 1983) In fact, women accounted for 65 percent of the increase in employment from 1972 to 1982. (Reder, 1984) The largest increase in women in the labor force was in the 20 to 24 age range.

Black women, however, did not have the tremendous employment growth over the decade to the same degree as the general population or other women who identified themselves as "other than white". This appeared to be due to the declining labor force position of young women, particularly those between 16 and 19 years old. (U.S. Department of Labor, 1983) Black women do account for the overwhelming majority of women in the labor force in the "other than white" group -- approximately 89 percent. (U.S. Department of Labor, 1983)

In 1920, the general characteristics of women who worked were that they were single, under thirty and from the working class. The working woman of today is married, has children, may come from any socioeconomic group, and is over forty years old. (Van Dusen and Sheldon, 1978)

The CPS of 1981 described the typical working age woman without a disability as 33 years of age, a high-school graduate, married, in the labor force and working full or part time. (Bowe, 1984)

Marshall (1983) in reviewing women in the labor force, notes historically that "In 1950, 70 percent of American households were headed by men whose income was the sole source of family income. Today, less than 15 percent of households fit this 'traditional' model, even though many of the nation's employment policies assume it still to be pervasive. (p.6)"

In March 1970, the labor force participation rate of mothers (married with husband present) was only a little less than for all women -- 40 percent and 41 percent, respectively. During 1981, the rate for mothers was 56 percent -- ahead of the 52 percent for all women. (U.S. Department of Labor, 1983) In March 1982, the labor force participation rate of mothers was 59 percent -- higher than that for all women. The trend indicates an increasing rate of participation in the labor force by married women and especially for women with children -- two-thirds of the mothers of children 6 to 17 years of age were in the labor force (66 percent); 50 percent of the mothers of children under 6 years of age were workers. (U.S. Department of Labor, 1983)

Black mothers are still more likely than white mothers to be in the labor force -- 60 percent for black mothers as compared to 50 percent for white. (Monthly Labor Review, 1982)

Families headed by women have increased sharply. More than one in seven families - 9.1 million -- is headed by a woman. The number has risen by 65 percent since 1970, largely because of the climbing divorce rate. (U.S. News & World Report, 1982) As an outcome of this increased divorce rate, there has been an increase in the number of single head-of-household females in the workforce.

In summary, the average working woman in the U.S. is in her early 30's, married, has a high school education, and is in the labor force with either a part or full-time job.

Education. "Education has indirect but long-term effects on a woman's well being. When a women's education has not adequately prepared her for employment, she and her children may be destined to live in poverty." (U.W. Commission on Civil Rights, 1983)

The League of Women Voters Educational Fund (Reder, 1984) in reviewing literature on the link between education and employment found documentation of sex stereotyping and segregation in education of females. The results of this lead females to low-wage occupations and males to more highly paid ones.

As a follow-up on the concern for segregation and sex stereotyping of women, the League of Women Voters Education Fund launched a five-state monitoring project to track state and local responses to the sex equity provisions of the VEA (1976 Vocational Education Amendments - to overcome sex discrimination and stereotyping). In general, the results of this study were that women and girls had made few inroads into the more heavily male sex-role stereotyped

courses. As a result, women are tracked into the lower-paying dead-end jobs, which only perpetuates the gap in earnings between men and women.

The American Council of Life Insurance (1983) found that, in general, the educational achievements of working women are equal with those of men. Eighty-one percent of all working women are high school graduates as compared to 77 percent of all working men. Of all working women, about 17 percent are college graduates as compared to 21 percent of all working men. In March 1981 the median educational attainment for both men and women was 12.7 years.

The March 1981 CPS data confirmed the importance of education and employment status. The employment status of women is greatly affected by educational attainment. The more education women have received, the greater is the likelihood that they will be in paid employment: twice as great a proportion of women in the labor force (15.7) as women not in the labor force (7.5 percent) were college graduates; and, 22.9 percent of women not in the labor force had 8 or fewer years of education compared to 5.9 percent in the labor force. On the average, women in the labor force have more education than women who are not in the labor force. (U.S. Department of Labor, 1983)

Discrimination. Discrimination against women exists in education, employment, equal pay, and benefits. (Tate and Weston, 1982) This discrimination "exists in all countries . . . . usually embedded in traditional values, restricts women's chance for self-improvement and development." (Tate and Weston, 1982, p. 222) Until society reevaluates these stereotypic views and changes them, women will continue to have barriers to becoming self-actualized. (Atkins, 1982b)

Discrimination or role-stereotyping and its effects were succinctly described by Vash (1982):

> ". . . Members of groups targeted for exclusion are persuaded, and society at large is convinced, that for them to play certain roles is 'unnatural,' 'inappropriate,' or 'impossible.' Little girls are taught to aspire to become nurses, not doctors; vocational rehabilitation clients must entertain only 'feasible' (low cost, low risk) goals; black, disabled, and female students are forgiven, not pushed, when mathematics or science concepts are difficult for them; and we are all prepared early to expect deterioration and yield our employment rights when we become old." (p. 199)

Once subservient behavior and stereotyped roles have been adopted and accepted by a few generations, they become the natural order of things. In order to change these now socio-culturally adopted stereotypical roles, organized action will be required. "Unfortunately, inner barriers of fear and ignorance often accompany outer barriers of discrimination and neglect." (Vash 1982, p. 199)

Occupation/Income. "There is no mark on the wall to measure the precise height of women." (Virginia Wolf, 1929, A Room Of Our Own) Women have transformed their "traditional" role in society in the past two decades but, in an absolute sense, women's position is still the same.

Women are a majority of the population in the United States (53 percent) and represent 39 percent of all full-time employees. (U.S. Department of Labor, 1983) The labor force participation of women increased from 38 percent to 52.9 percent between 1962 and 1982. (U.S. News and World Report, 1982)

In considering a comparison of full-time to part-time employment (less than 35 hours per week) for men and women, it was found that women are much more likely to be working part-time. Among all women workers, 23 percent were usually part-time as compared with 8 percent of all male workers. The disparity was even greater among workers in the 25-to-54 years age group; with 19 percent of the women and only 2 percent of the men working part-time. (U.S. Department of Labor, 1983)

Employment patterns for women in the early 1970's indicated that 25 percent of all employed women were in only five occupations -- elementary school teachers, typists, waitresses, sales clerical and secretaries -- jobs which tend to pay low wages. Over half of working women clustered in 17 occupations as compared to 63 occupations for the same percentage of men. (Waldman & McEaddy, 1974)

Spain (1985) in using decennial census data from 1950, 1960, 1970, and 1980, as well as the annual censuses for 1981, 1982, and 1983, provided the most up-to-date profile of the occupations in which women are clustered. Of the total number of women employed, more are in clerical occupations now (33.8%) than in 1950 (27.4%) and fewer are in blue-collar jobs today (35.5%) than in 1950 (43.9%). Encouragingly, she also found that, "There has been a small increase in those women in managerial or administrative positions: 7.4% in 1982 compared with 4.3% in 1950. Better yet, though, is the comfortable gain in the professions. In 1950, the percentage was 12.2 and in 1982 it was 23. Half of those women are either nurses or teachers, but the rest of them are doctors, lawyers, professors and scientists -- occupations that were once almost solely the province of men."

The Department of Labor in 1979 in comparing education and earnings statistics found that female college graduates earned less than men with an eighth grade education. In 1982, fully employed women high school graduates had less income on the average than fully employed men who had not completed elementary school. Nevertheless, the more education a woman has, the more likely she is to be in the labor force.

According to census data, there were approximately five times as many men as women in managerial positions in 1970. This was at a time when the ratio in the total labor force was three men to two women. (Bureau of the Census, 1976)

The statistics from 1981 and 1982 show that women and men are still employed largely in different occupational groups. The greatest number of women

continue to be employed in clerical, teaching, retail sales and service jobs, and the greatest number of men continue to find employment in skilled craft, operative, and management jobs. However, by the end of the 1970's, women had increased their participation in nearly every job category listed in the national census of occupations. (U.S. Department of Labor, 1983) In general, the jobs in which 80 percent of women are employed are low-paying, provide little opportunity for advancement and are occupations in which the risks of displacement is increasing due to technological advances.

52 percent of all white women are currently in the labor force, while 54 percent of all black women are in the labor force. The annual median income for year-round, full-time employed black women rose from $7,079 in 1970 to $11,438 in 1981; similar income for white women increased from $8,640 to $12,665 over the same period. However, both black and white women earned considerably less than either white men (1981 median income $21,178) or black men (1981 median income $14,178). (U.S. Department of Labor, 1983) See Table A 1, for comparison by selected occupation of men's and women's median income. (American Council of Life Insurance, 1983)

In 1955, the annual median earnings for full-time, year-round workers was $2,719 for women and $4,252 for men. Full-time working women earned 64% of what men earned. By 1981, women had lost ground and annual median earnings information showed $12,001 for women and $20,260 for men, with women's earnings being only 59% of what men earned. The 1983 statistics indicate that women are now back at the 64% median earning level of men ($13,915 for women and $21,881 for men), but no gain has actually been made. (Spain, 1985)

The median income of women has not improved their economic status. Women are more often at poverty-level income and the situation does not appear to be improving. It is estimated that by the year 2000 women and children will make up the population in poverty. (Coalition on Women and the Budget, 1984)

Society continues to demonstrate an unwillingness to accept the reason why women work, but women work because of economic need, just as men do. Two-thirds of all women workers are either single, divorced, widowed, or separated, or have husbands who earn less than $7,000 per year. (Blaxall and Reagan, 1976)

WOMEN WITH DISABILITIES

Demographics. According to the 1982 March CPS, of the 147 million persons of working age, 13.1 million or 8.9 percent were classified as having a work disability -- 8.5 percent or 6.4 million working age females and 9.3 percent or 6.7 million working age males. Of these, nearly 66 percent of the men and 80 percent of the women were not part of the workforce.

A comparison of employment data for men and women with and without a work disability reveals the following percentages of people working year round full-time in 1981: men without a disability, 61.4 percent; men with a disability, 22.3 percent; women without a disability, 32.7 percent; and women with a disability, 7.4 percent. (Asch, 1984)

Table A 1

Median Earnings in 1982 for Full-time Workers, by Race

Occupation	White		Black	
	Women	Men	Women	Men
Executives, Administrators and Managerial	$17,518	$30,388	$17,403	$21,008
Professional Speciality Occupations	18,307	27,712	16,747	20,265
Technicians and Related	15,399	22,472	14,218	14,502
Sales	11,253	22,819	10,466	15,318
Administrative Support	12,920	20,870	12,814	17,226
Service	9,080	15,169	9,523	12,500
Craftsmen and Repairers	13,960	21,807	15,793	17,033
Operations and Laborers	10,955	17,665	11,305	15,041
Farming, Forestry, Fishing	7,764	12,102	8,245	8,129
TOTAL	$13,520	$22,149	$12,355	$15,596

Source - American Council of Life Insurance, 1983
Mark Flottum's Master's Thesis, 1984

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The average woman with a disability is 51 years old, compared to an average age of 33 for women without a disability in the working age population. Six out of every ten women of working age who have a disability are 45 years of age or older. Men of working age who have a disability average slightly more than 49 years of age. (Bowe, 1984)

Women without disabilities are usually high school graduates while women with work disabilities are less well-educated. CPS data for 1981 indicated that women who have work disabilities "Are just half as likely as are non-disabled women to report at least some college education: 15.7 percent as against 30.9 percent . . . . Disabled women are fully five times as likely as other women to have less than an elementary-level education. One disabled woman in every six (17.4 percent) has less than eight years of formal education, in comparison to only one out of every twenty-eight non-disabled women." (Bowe, 1984, p. 6)

Working age women with disabilities tend to reside in urban areas, as do other women. About two in every three reside in cities, as do almost seven in every ten women without disabilities. (Bowe, 1984)

Women with disabilities are more likely than are men with disabilities or women without disabilities to be divorced or separated. Of women with disabilities, one in every eight is divorced, while one in every fifteen is separated. However, 17 percent of women with disabilities have never been married, as compared to 24.5 percent of women without disabilities and 23 percent of men with disabilities. In general, slightly less than 50 percent of working age women are married. Six in ten women without disabilities and six in ten men with disabilities are married. (Bowe, 1984)

From the overall reported information, the description of the "typical" woman with a disability is a woman 51 years of age, a high school graduate, married and not in the work force.

Educational Barriers. J. Corbett, O'Toole and CeCe Weeks in their 1978 study of women with disabilities and education argued that one of the most serious problems for women and girls with disabilities was the absence of role models. Although men with disabilities lack role models, the situation is even worse for women. People with disabilities, unlike members of most other minorities, are likely to grow up in homes where they are the only person with a disability and in neighborhoods where they are in a minority. O'Toole (1979) in her article, "Disabled Women: The Case of the Missing Role Model" reports the following comment by a women who is deaf. ". . . I never knew what would happen when I left school. It scared me. I used to believe that when I graduated, I'd die or live with my family forever. That was because I'd never met a deaf woman."

Women with disabilities tend to be much less well educated than are other women and somewhat less prepared than are men with disabilities. Women with disabilities show a 50.7 percent rate of having a high school education or better as compared to 74.8 percent for women without disabilities and 53.8 percent for men with disabilities. Women with disabilities also had more

likelihood of having less than eight years of education -- 17.4 percent for women with disabilities, 3.5 percent for women without disabilities and 16.2 percent for men with disabilities. (Bowe, 1984)

Educational attainment is a predictor of return to employment after disablement. (Schecter, 1979, Wilson et. al. 1979) It is therefore important to assess how well the existing educational system meets the needs of women with a congenital disability. Legislation such as 504, PL-142, the Civil Rights Act of 1964 and Title IX have been enacted to provide the basis for equality in education, but the results found by some authorities indicate that the legislation has fallen short of its goal. (Asch et. al., 1984; Atkins, 1982; Carrick and Bibb, 1982, Reder, 1984) Women with disabilities are generally provided with few positive images and "girls and boys with the same disabilities often receive different kinds of education" (Asch et. al., 1984, p. 9). Often, there are low expectations of women with disabilities by the school and the family. Many times, there is the assumption that women with disabilities will not work after completion of their education. (O'Toole and Weeks, 1978; Asch et. al. 1984)

Discrimination. A woman has generally been defined and valued by her relationship with a man, emphasizing either her role as a mother, wife, or as a sex object. For the woman with a disability, whose disability may have caused the impairment of one or more of these functions, discrimination is greater. "Disabled women are often seen as being of little value or being less 'fit' for performing most roles required by society, be that role homemaking or obtaining gainful employment." (Tate and Weston, 1982)

Women with disabilities face double discrimination based on both their disability and their gender. (Deagan, 1981; Holcomb, 1984) Saviola (1981) described this situation as "double jeopardy" since the stereotypes ascribed to people with disabilities and women in general consist of passivity, dependence, helplessness and failure. Minority women with disabilities have suffered even more because of the negative impact of race or color, disability and gender. (Atkins, 1982; Deegan, 1981)

In today's society, women with disabilities are characterized by the absence of sanctioned social roles and/or institutional means to achieve these roles -- rolelessness. (Merton, 1967) The absence of sanctioned roles can cultivate a psychological sense of invisibility (O'Toole & Weeks, 1978), self-estrangement and/or powerlessness. (Blauer, 1964) Therefore, women and girls with disabilities, without roles to adopt or reject, may find themselves unable to estimate their actual abilities or speculate on what are realistic aspirations. (Fine & Asch, 1981) "The disabled woman confronts the sexism experienced by most women, but is deprived even of the fragile pedestal on which non-disabled women are often placed." (Fine & Asch, 1981, p. 248)

Minorities. Sex and disability together are double factors in discrimination against women with disabilities. A third factor which leads to discrimination is race/color.

Census information indicates that just over 14 percent of working age blacks have a work disability -- which is higher than the percentage of whites. Nearly 54 percent are women and just over 46 percent are men. The profile of

the "typical" black person with a disability is a person who is 42 years old, has less than a high school education, does not work, and is not actively seeking employment. (Rehab Brief, 1984)

In a comparison of blacks and whites, the data shows that over 26 percent of whites with disabilities are employed but this is true for only 16.4 percent of black adults who have a disability. When looking at women with disabilities, the findings also indicate that more white women with disabilities were employed full-time than black women with disabilities, just the reverse was true of those without disabilities. (Ferguson, 1979)

Employment and Income. Women in general, have been employed in stereotypical jobs and earn less than men. Studies have been done to assess the number of those with and those without disabilities in the workforce and then compared occupations and earnings. These studies generally confirm that women with disabilities are less often in the labor force and, when involved, are employed in the same type of jobs as women without disabilities.

In 1972, using Social Security surveys, Levitan and Taggart found that the national employment rate for adults without disabilities was 95 percent for men and 54 percent for women. The employment rate for adults with disabilities was one-third lower, 60 percent for men and 29 percent for women. The rate for adults with severe disability was much less with 21 percent for men and just 9 percent for women. Data from a 1981 International Labor Force Office report confirms that this continues to be the situation.

Average earnings reported in the Levitan & Taggart study also indicate salary inequities related to sex and disability. White males with disabilities earned 58 percent of that earned by white males without disabilities in the same age bracket; meanwhile, white females of the same age with disabilities earned only 10 percent of the amount earned by white males without disabilities. RSA information for 1976 confirms this trend. In successful rehabilitation closures, rehabilitated female clients earned 56 percent of what rehabilitated male clients earn.

Johnson and Hafer (1985) from a study covering 1920 to 1970 rehabilitation closures found that 14 percent of women who entered the labor market were placed in clerical positions and 28 percent in service positions. Only 10 percent of female closures were in industrial work, as compared with 45 percent of male closures. Thurer (1982) found that one out of three females, in 1976, was closed from services in a non-wage earning activity, that is homemaking or unpaid family work, as compared to one out of fifteen men.

Scherrei (1979) reported that national trends of entering college have been changing in the past ten years. Women have made shifts in four occupational areas. The number of women in the traditional areas of secondary and elementary teaching have decreased by 13.9 and 12.5 percent respectively. There has been an increase of 12.2 percent of women in business, and for law and medicine as potential careers a total increase of 4.9 percent. At this time we do not know whether or not women with disabilities are involved in this shift of occupational areas.

In a review of rehabilitation closures, Goldberg, Bernard and Granger (1981) indicated that for women there was a higher success rate because:

> "Women had a better chance of returning to part-time work and of resuming household chores in their own homes. In the federal-state rehabilitation program, women may become rehabilitated as homemakers. Men are more likely to seek employment outside the home. A group of severely disabled men are less likely to obtain work in the labor market whereas women often have the options of household work." (p. 583).

March 1982 Current Population Survey data indicates that, with or without a disability, women have the same types of occupations. At the time of the survey, 1,241,000 women with disabilities were employed and they were employed in the following areas: 28.8 percent as service workers; 25.4 percent clerical-type positions; 14 percent as machine operatives and 13.7 percent in professional and technical jobs. (Bowe, 1984) With or without a disability, women generally found themselves in either service or clerical occupations.

The earning level of women is lower than that of all men and women with disabilities have a lower income than that of women without disabilities.

Fine and Asch (1981) in a review of rehabilitation program closures data found that rehabilitated men earned $4,188 a year (not really a living wage) but a rehabilitated women earned only $2,744.

While more than four in ten men with disabilities participated in the labor force, fewer than one in four women with disabilities do. Men with disabilities are almost twice as likely to have jobs: 36.3 percent are employed, compared to 19.7 percent of women with disabilities. And while three in ten men with work disabilities have full-time jobs, only one in eight women with a disability holds such a job.

Two out of every three women with disabilities report income from all sources which is below $4,000 for 1980. The average income for all full-time workers in the population of females with disabilities in 1980 was $10,569. This is comparable to the $12,021 average of a full-time woman without a disability. For this same time, the mean income for men with a disability who worked full-time was $18,755, compared to $20,644 for men without a disability. (Bowe, 1984) Income figures for black women with disabilities are slightly lower than incomes for comparable white women.

Family. In reviewing the literature related to the importance of family involvement, one finds that the family's process of adjustment to a disability is quite similar to the adjustment of the person who has the disability.

Finger (1983) in a review done by Smith (1984) indicates how the family and society view women with disabilities. Smith notes that, in order for the woman with a disability to be effectively involved in the decision-making process, she must first overcome the negative view of being seen as the eternal child. The effect of this perception can trap the woman with a disability in stereotypical roles.

Bray (1977) studied the reaction of families more extensively and found that adjustment to a disability is similar, both for the individual involved with the disability and for the family. He described the following stages of family adjustment: fear, denial, anger, depression, and acceptance. These stages closely resembled the theories of individual adjustment to disability developed by Kerr (1961).

Counselor Sex Bias. The literature reviewed provides data to confirm that women with disabilities face discrimination in education, employment, benefits and equal pay. Society-in-general plays a role in perpetrating this discrimination.

Much of the literature related to sex-bias in counseling has been done in the fields of guidance counselors, therapists and social workers. It has only been very recently that researchers have looked at vocational rehabilitationists and evaluators, who work with those who have physical and/or mental disabilities, and asked about sex-bias issues.

In 1971, Ginsburg pointed out that we must be aware of the changes occurring in the role of women and determine whether we are prepared in the field (counseling, education, etc.). Ginsburg stated, "The increasing acceptance of women as workers represents a clear challenge to guidance. The field has paid inadequate attention to women at every stage of the career process: in curriculum and course selection, in career planning, and in assisting those who seek to return to the labor force after a period of homemaking and child bearing." (p. 318)

Pietrofesa & Schlossberg (1970) in a study involving 29 students in counselor training found that both the male and female students ascribed certain roles to men and to women and that the counselor's interview behavior reflected these biases. In a follow-up report in 1973, Schlossberg and Pietrofesa again indicate the presence of sex bias in counseling and state that, "Since people-in-general hold strong beliefs about sex-appropriate behavior, we can assume that counselors also hold to these notions . . . . counselors need to be aware of the degree to which they try to push counselees into certain directions because of their own sex biases." (p. 45)

Sex bias by both male and female counselors was also found to be true by Nutt (1979), and Thomas and Stewart (1971) with studies involving school counselors. Therapists were found to be sex-biased in studies completed by APA in 1975, Dailey (1979), Maslin and Davis (1975), and Broverman et. al. (1972).

Engelhard, Jones, and Stiggins (1976) did a study where counselor attitudes regarding women were measured three times over a span of six years. Sex bias was found, but they also noted that changes from 1968 through 1971 to 1974 suggest more acceptance of the dual role of women (homemaker & worker) and broader sex role definitions. Both men and women counselors showed sex bias, but male counselors appeared to have a slightly greater bias. No similar subsequent study has been done, so we do not know the accuracy of the change over-time. Also, in this study, the same sample of guidance counselors was not used throughout the study.

In general, the studies have found counselor bias to exist for both men and women counselors.

During the past five years, research has taken place involving rehabilitationists (counselors and evaluators). In 1981 Stegel from case studies and file reviews found that sex bias occurs regardless of the sex of the counselor. It should be noted that, where case studies were used, the sex bias was less than the bias found in a review of actual cases.

More recently, Gilbert (1983) and Flottum (1984) have looked at sex bias in vocational evaluators and rehabilitation counselors. Gilbert found that "The existence of sex bias causes client data to be synthesized differently for male clients than for female clients; and . . . . the affects of perceived sex of simulated clients are consistent for groups of evaluators, regardless of the evaluator's gender and regardless of the evaluator's experience performing evaluations (p. 54, 56-57).

Flottum in reviewing the functional assessment inventory which counselors use at acceptance found that there were differences on how men and women were assessed. He concludes that this difference in assessment reflects counselor sex bias.

The majority of the studies confirm that sex bias is present, regardless of the gender of the human service workers. The results of this sex bias also appears to influence the outcome for women with disabilities in rehabilitation, in such a way that they are placed more often in non-competitive employment and, when placed competitively, they most frequently are in traditional jobs and receive lower pay than men with disabilities.

Disincentives to Labor Force Participation. Federal and state efforts to identify and assist people with work disabilities have, in some ways, actually discouraged participation in the labor force. Although rapid advances in medical technology and rehabilitation engineering have greatly improved the work potential for many formerly "totally disabled" people, the economic combination of health care costs related to disabilities, unrealistic government estimates of what constitutes the ability to support basic needs, and the complex procedural barriers to obtaining and retaining medical and economic assistance create substantial disincentives to labor force participation.

Nowhere are these disincentives more apparent than in the Social Security Administration's (SSA) "earnings test," which determines whether a person who is employed is engaging in "Substantial Gainful Activity" (SGA). In 1985, any person legally defined as disabled, who earned a gross income of $300 per month (about $70 per week) after a nine month trial work period had been exhausted, was no longer considered legally disabled, regardless of their real physical and/or mental condition. Once no longer "legally" disabled, all SSA medical and/or income assistance (i.e. SSI/SSDI, Medicare/Medicaid) is withdrawn. As Griss (1985) notes:

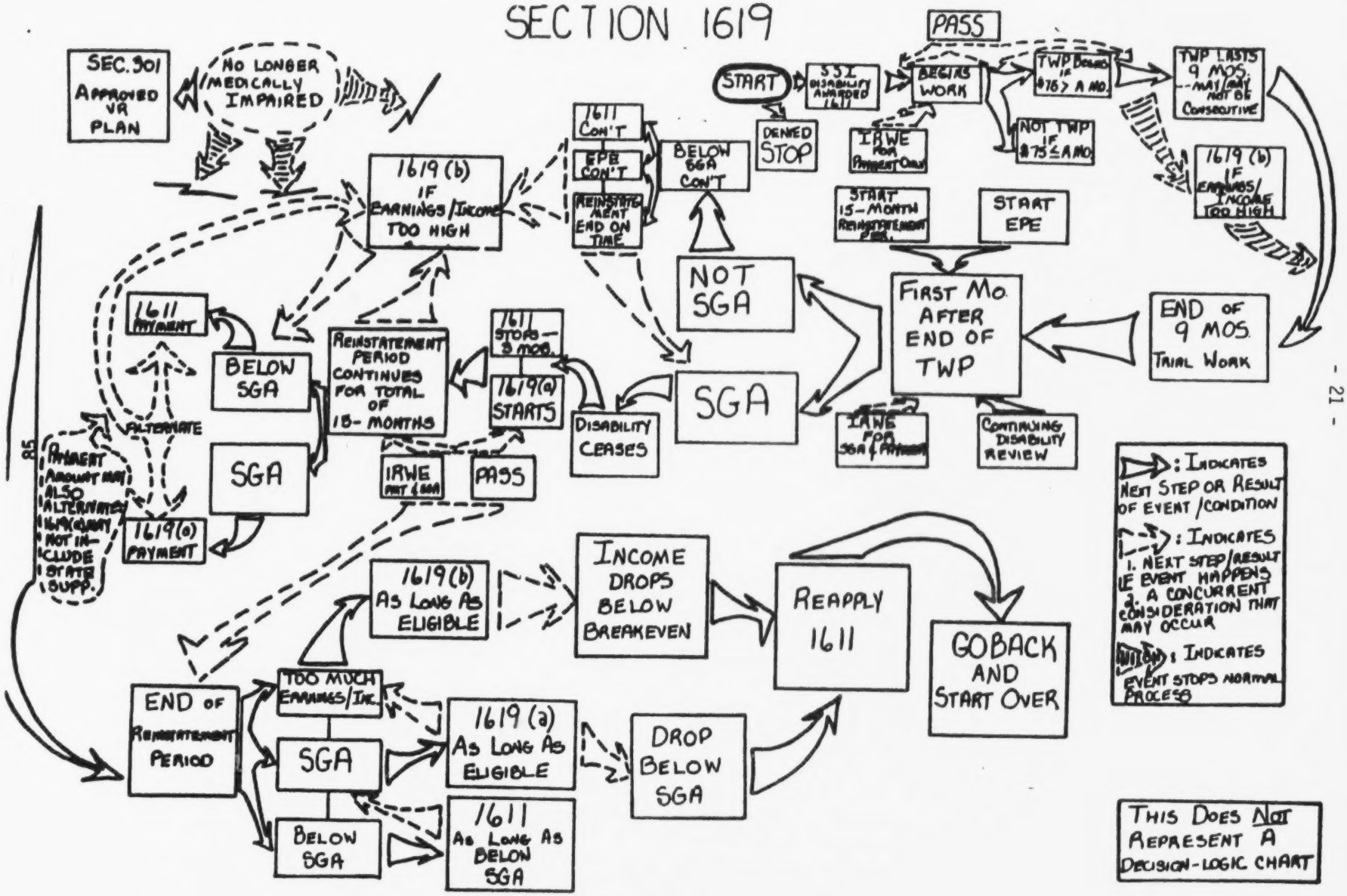
> Contrary to common meanings of the word "substantial," SGA is far below minimum wage and bears no relationship to the capacity of any person to meet basic needs, much less the capacity of a disabled person to pay for extraordinary employment-related (or medical) expenses which many persons with severe disabilities face. (p. 1)

Efforts to alleviate this powerful disincentive have not been notably successful. One example is the "1619" program created in the 1980 Social Security Amendments. Limited to SSI recipients, 1619(a) allows income payments to continue up to an income "break-even point," currently $735 per month, and 1619 (b) permits working individuals with disabilities to retain Medicaid coverage eligibility if they continue to need medical services and their income is not sufficient to pay for them. (Wisconsin recently, successfully, petitioned the Social Security Administration to add the state supplement to the federal SSI payment level raising the SSI "break-even point" to approximately $935 per month beginning January 1986.)

Unfortunately, the "1619" process is so complex (see Griss' 1619 Flow Chart, p. 34), information regarding the program has been so limited, and SSA opposition to the program so apparent, most SSI recipients have been unable or unwilling to participate in the program. The concern is quite real that the 1619 program might be discontinued and those who have, under the program, "demonstrated the capacity to work" at levels above SGA will be terminated from all assistance. (Griss, 1985) Senate and House versions of two bills have recently been introduced which would refine the 1619 provisions and/or make them permanent. However, no action has yet been taken on either bill. (Kallsen, 1986)

For those receiving SSDI and Medicare, even 1619 is not an option. Recent proposals have been made to allow persons with severe disabilities to purchase Medicare coverage on a sliding fee scale. This proposal has been endorsed by Handicapped Organized Women, the National Organization of Women and the National Council on the Handicapped. Again, no legislative action has resulted to date. (Cooper, 1986)

Wisconsin has initiated other health insurance programs in an attempt to address the health insurance needs of high-risk, low-income people. Nine states have a high risk comprehensive insurance pool for persons who have been


SECTION 1619
SEC. 301 APPROVED VR PLAN
NO LONGER MEDICALLY IMPAIRED
START
SSI DISABILITY AWARDED 1611
DENIED STOP
BEGINS WORK
PASS
TWP BENEFITS IS $76 > A MO.
NOT TWP IF $75 ≤ A MO.
IRWE FOR PAYMENT ONLY
TWP LASTS 9 MOS. -- MAY/MAY NOT BE CONSECUTIVE
1619(b) IF EARNINGS/INCOME TOO HIGH
1611 CON'T
EPE CON'T
REINSTATEMENT END ON TIME
BELOW SGA CON'T
1619(b) IF EARNINGS/INCOME TOO HIGH
START 15-MONTH REINSTATEMENT PER.
START EPE
NOT SGA
SGA
FIRST MO. AFTER END OF TWP
END OF 9 MOS. TRIAL WORK
1611 PAYMENT
BELOW SGA
SGA
ALTERNATE
PAYMENT AMOUNT MAY ALSO ALTERNATE (MAY NOT INCLUDE STATE SUPP.)
1619(a) PAYMENT
REINSTATEMENT PERIOD CONTINUES FOR TOTAL OF 15-MONTHS
1611 STOPS - 3 MOS.
1619(a) STARTS
DISABILITY CEASES
IRWE PART A & SSA
PASS
IRWE FOR SSA & PAYMENT
CONTINUING DISABILITY REVIEW
1619(b) AS LONG AS ELIGIBLE
INCOME DROPS BELOW BREAKEVEN
REAPPLY 1611
GOBACK AND START OVER
END OF REINSTATEMENT PERIOD
TOO MUCH EARNINGS/INC.
SGA
BELOW SGA
1619(a) AS LONG AS ELIGIBLE
DROP BELOW SGA
1611 AS LONG AS BELOW SGA
: INDICATES NEXT STEP OR RESULT OF EVENT/CONDITION
: INDICATES 1. NEXT STEP/RESULT IF EVENT HAPPENS 2. A CONCURRENT CONSIDERATION THAT MAY OCCUR
: INDICATES EVENT STOPS NORMAL PROCESS
THIS DOES NOT REPRESENT A DECISION-LOGIC CHART

rejected by two or more insurance companies. Wisconsin is the only one of these states to provide a modest premium subsidy for low income policyholders in the high risk pool. Additionally, to attract HMOs to participate in Wisconsin's pilot projects to serve AFDC families and General Relief recipients, Wisconsin's Department of Health and Social Services has utilized a state re-insurance mechanism to cover the hospitalization costs of enrollees above a certain level. (Griss, 1985) Although these programs are not limited to people with medically verifiable work disabilities, they do have a significant and positive impact upon people with such disabilities.

Clearly, loss of access to health care and other forms of support, though not the only disincentive to labor force participation confronted by people with disabilities, is a major concern for all people with disabilities, regardless of gender. However, for women who already face discrimination in education, employment, equal pay and benefits; who are more likely to be single, to have child care concerns and a whole host of other limitations, in addition to their work disability; any effort to demonstrate the ability to work is even more severely circumscribed by such restrictive laws and regulations.

B. DVR DESCRIPTIVE DATA

1981 - 1984

Methodology

Women in general, and specifically women with disabilities, face discrimination in areas of education, employment, economic gain, and in services provided to them. The major focus of this section of the paper is to review the Wisconsin Division of Vocational Rehabilitation (DVR) in terms of characteristics of women in the program, the services provided and the outcomes obtained.

Research data was obtained from a data collection system utilized for federal reporting. The primary document reviewed was the Case Service Report (DVR-2). The DVR-2 is a three part document designed to provide standardized statistical reporting on the complete rehabilitation process for every individual from referral to closure. Information is recorded on the DVR-2 at referral, at the time when the eligibility determination is completed, and at the time of case closure. The general information utilized in this descriptive data review was obtained for clients served by the Wisconsin DVR in federal fiscal years 1981, 1982, 1983 and 1984.

The descriptive statistics presented here provided an overview of the trends of services being provided and the number of women with disabilities receiving services over a period of four years. The data should lend itself to more in-depth research to assist DVR in Wisconsin in determining policy changes that will lead to improving the economic status for rehabilitated female clients.

Client Population - Sex, Severity of Disability and Race. During the period of the study, DVR served more males than females and more persons with severe disability than non-severe. The gender and severity of disability of these clients by years is shown in Table B 1.

In 1981, DVR served 39.5 percent females and 60.5 percent males. In 1984, the percentage of women receiving services declined to 38.2 percent as compared to an increase to 61.8 percent for males. The decrease in the percentage of females receiving services was most significant, however, in 1983 when only 37.9 percent of the clients receiving services were female. The reason for the decline in percentage of women with disabilities who received services is unknown. From 1981 to 1984, the percentage of females with severe disabilities increased, as it did for males. The clients with severe disabilities receiving services increased from 50.6 percent in 1981 to 58.6 percent in 1984.

In cases where the race of the client was known, 88.2 percent in 1981 to 87.6 percent in 1984 were white and 6.3 percent to 6.8 percent, respectively, were black. Females comprised 40.1 percent in 1981 of the white population, while in 1984, women made up only 38.5 percent of the white population. For the black population, women comprised 40.2 percent in 1981 and 37.1 percent in 1984. Among "other" ethnic groups (i.e. asian, hispanic, American indian,

Table B 1

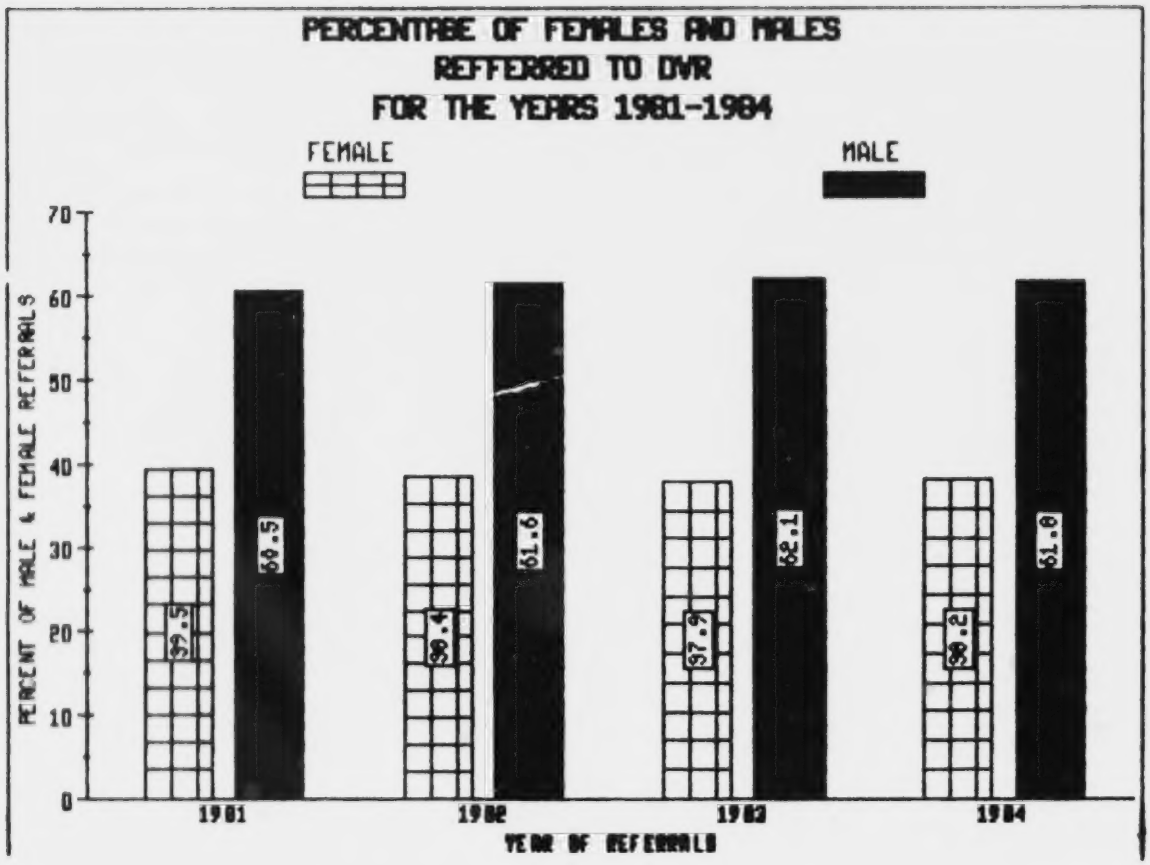
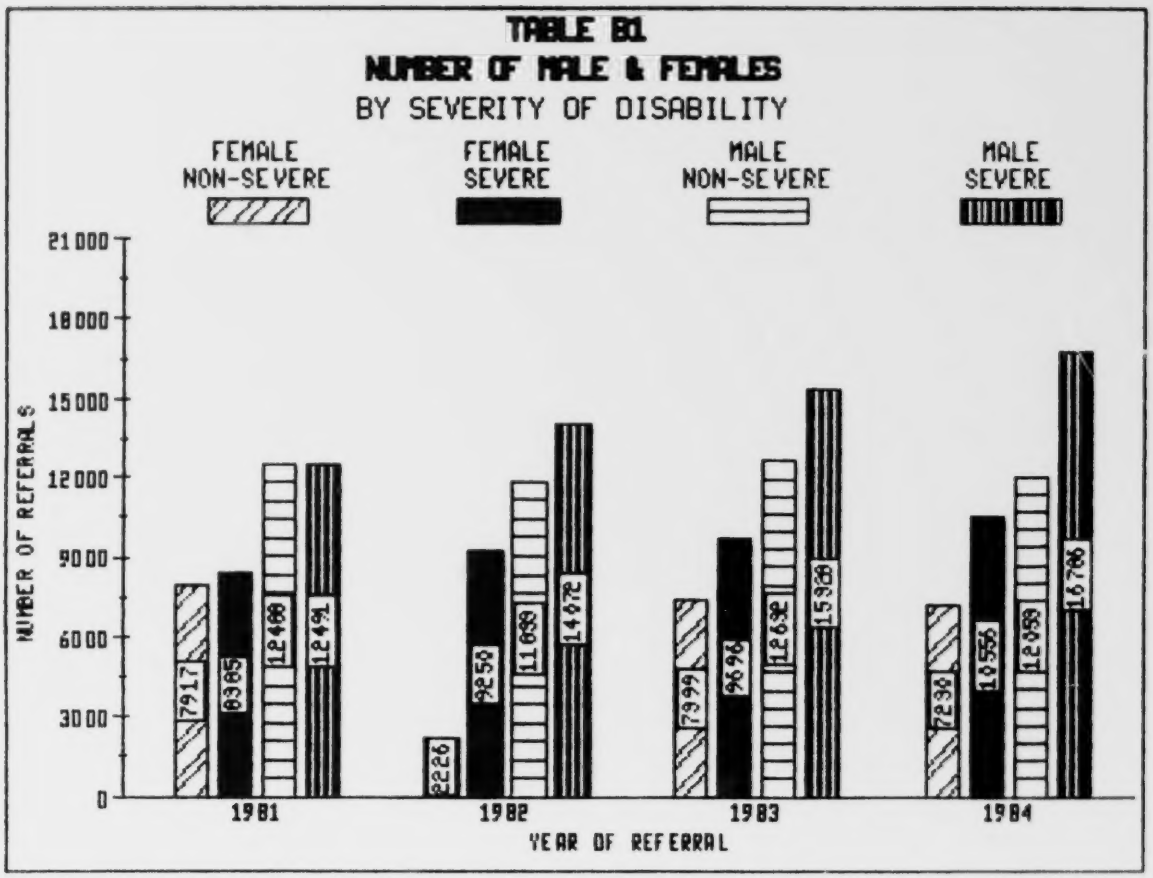

PERCENTAGE OF FEMALES AND MALES
REFFERRED TO DVR
FOR THE YEARS 1981-1984
FEMALE
MALE
PERCENT OF MALE & FEMALE REFERRALS
70
60
50
40
30
20
10
0
39.5
60.5
38.4
61.6
37.9
62.1
38.2
61.8
1981
1982
1983
1984
YEAR OF REFERRALS

Table B 1 (Continued)



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etc.), women comprised 34.83 percent of the referral population in 1981 and only 32.44 percent in 1984. Thus, the proportion of female DVR referrals between 1981 and 1984 declined steadily across all ethnic divisions. (See Appendix A, page 1 for statistical chart.) Nationally, Atkins (1982a, p. 208) noted, ". . . white females represented 46.12 percent of white referrals for vocational rehabilitation (VR) services, compared to 53.88 percent white males. Among black persons, the highest percentage referred for public VR services were female: 51.90 percent compared to 48.10 percent black males." By comparison to national averages, white females in Wisconsin are currently under-represented by 6 to 8 percent in the DVR referral population and black females by from 11.7 to 15 percent.

Census data from 1980 in Wisconsin indicated that, of the 1.89 million persons between 16 and 64 years of age, 6.9 percent identified themselves as having a disability. Of males, 7.5 percent report a disability, whereas 6.3 percent of females report a disability. Of the total number of people identified as having a disability in Wisconsin, 54.4 percent are males and 45.6 percent are females. According to this data, Wisconsin DVR (which served approximately 38 percent females) is under-serving women with disabilities by approximately 7.6 percent of their occurrence in the Wisconsin population.

Age of Client at Referral. At referral for services, the ages of men and women showed little difference; 31 percent of the women and 33 percent of the men were between the ages of 18 and 25, and 24-26 percent of the women and 25-27 percent of the men were between the ages of 26 to 35.

National statistics on women with disabilities have indicated that, on the average, they are 51 years old. (Bowe, 1984) The Wisconsin data indicates only 15.6 percent of women referred to DVR in 1981, where a file was opened, were age 46 to 65 and that the percentage decreased to 13.6 percent in 1984. (For further review of the data, see Appendix A, page 2.) Flottum (1985) notes the same finding and suggests that "we [Wisconsin DVR] are not attracting the 'average' disabled female population." (p. 29)

Marital Status. Referral statistics from Wisconsin DVR showed that women with disabilities were more likely than men with disabilities to be widowed, separated or divorced (30.1 percent in 1981 to 31,2 percent in 1984 for women and 14.3 percent in 1981 to 15.8 percent in 1984 for men). This coincides with national statistics. (Bowe, 1984) The overall percentages for never married males and females was significantly higher than national statistics which indicate that only 17 percent of women with disabilities and 23 percent of men with disabilities have never married, as compared to the Wisconsin average of 49 percent and 53 percent, respectively. In Wisconsin the percentages of married males and females with disabilities were approximately 20 percent and 31 percent. (See Table B 2)

Table B 2

Marital Status at Acceptance or 08 Closure

Frequency / Column %	1981 Female	1981 Male	1982 Female	1982 Male	1983 Female	1983 Male	1984 Female	1984 Male
Married	2508 19.94	5929 31.45	2493 19.90	6039 30.88	2663 19.88	6575 30.54	2877 19.99	7071 30.39
Widowed, Separated or Divorced	3779 30.05	2695 14.30	3827 30.55	2907 14.87	4145 30.95	3302 15.34	4490 31.20	3670 15.78
Never Married	6244 49.65	10154 53.87	6169 49.24	10532 53.85	6516 48.65	11553 53.66	6968 48.42	12431 53.43
Not Avail.	46 .36	71 .38	39 .31	78 .40	68 .51	99 .46	36 .39	92 .39
Total	12577	18849	12528	19556	13392	21529	14391	23264
	31426		32084		34921		37655	

Based upon the above statistics Wisconsin does not follow the national trend which shows that slightly less than half (49 percent) of women with disabilities were married (in Wisconsin DVR, 31 percent were married). It may be that the reason for the lower percentage of married clients is related to the fact that, in general, referrals for vocational rehabilitation are more likely to be from a younger age group than the more comprehensive measures of the national population of persons with disabilities.

Years of Education. The statistics as shown in Table B 3 indicate that women referred to DVR have higher levels of education than their male counterparts. The statistics presented here are for FY 1984 but represent the same results as seen in the other years. These results contrast to the national outcomes recorded by Bowe (1984) which showed that, in a comparison of men and women of working age who had disabilities, 17.4 percent of the women and 16.2 percent of the men had less than an eighth grade education and 9.1 percent of the men and only 5.8 percent of the women had any post-secondary education. (To compare all four years of data, see Appendix A, page 3.)

Flottum (1985) questions whether Wisconsin women with disabilities are actually better educated, offering the alternate conclusion that female referrals to DVR may not be "typical" of either the national or Wisconsin's population of women with disabilities.

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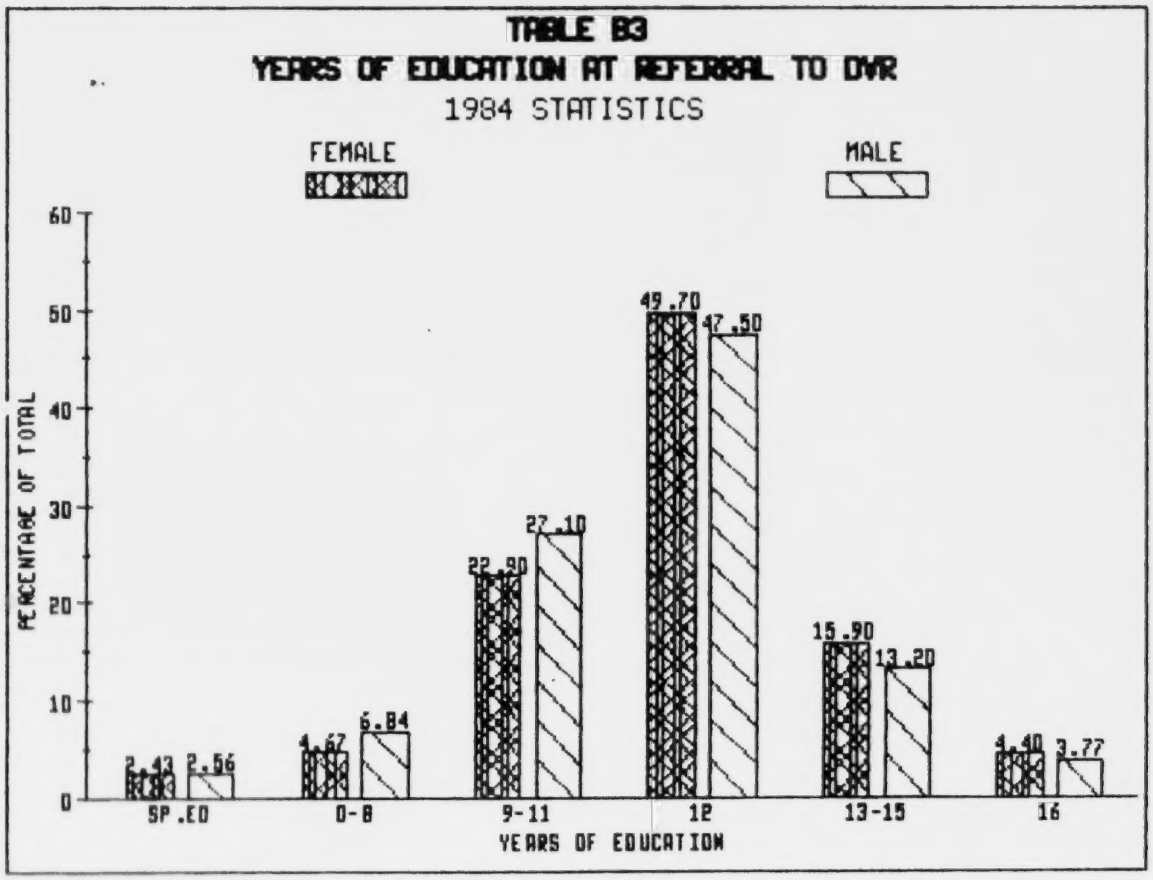
Table B 3



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Since the results show that DVR's female clients have a higher average education level than their male peers, we might anticipate that their earnings at closure may be closer to those of DVR's male clients at closure. That is, in Wisconsin, rehabilitated women should show average earnings of better than 56 percent of the average earnings of rehabilitated males. (Refer to File Review Section for information on actual economic outcomes.)

Primary Disability of Clients. Over the four years studied, the most common primary disability for both sexes was Amputation/Orthopedic. For females, the second most common disability was Mental Illness (Psychotic/Neurotic). In 1981, the third, fourth, and fifth most common disabilities for women were Mental Retardation, Other Physical Disability and Alcoholism; whereas in 1984 they were Alcoholism, Other Physical Disability and Mental Retardation.

As previously indicated the most common primary disability for males, like females, was Amputation/Orthopedic. Males comprised 65.4 percent (1981) to 66.7 percent (1984) of the Amputation/Orthopedic individuals referred. The second most common primary disability for males was Mental Illness in 1981 and 1982, but in 1983 and 1984 Alcoholism moved into this position. Mental Illness became number three as primary disability at referral. Mental Retardation has been in the top five over all four years. In 1984, Other Physical Disabilities dropped to number six and Other Mental Disorders (Personality/Character Disorders) moved into fourth place for primary disability at referral. (See Table B 4 for more detailed information.)

Table B 4

Primary Disability of Clients by Sex

Frequency col pct	1981		1982		1983		1984	
	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE
Blind	500 3.07	573 2.29	497 3.07	591 2.28	539 3.15	589 2.11	474 2.67	522 1.81
Vis Imp	362 2.22	603 2.41	426 2.64	665 2.57	478 2.80	775 2.17	478 2.69	794 2.75
Deaf	485 2.98	487 1.95	514 3.18	520 2.01	543 3.18	599 2.14	558 3.14	622 2.16
Hearing Imp	385 2.36	380 1.52	407 2.52	399 1.54	527 3.08	519 1.86	614 3.45	605 2.1
AMP/ORTH	4,358 26.73	8,224 32.92	4,354 26.93	8,500 32.81	4,336 25.36	8,680 31.04	4,618 25.97	8,758 30.37
Ment Ill	3,778 23.18	3,251 13.01	3,438 21.27	3,300 12.74	3,465 20.27	3,374 12.08	3,461 19.46	3,377 11.71
Alcohol	1,187 7.28	2,749 11.01	1,379 8.53	3,030 11.70	1,625 9.51	3,760 13.45	1,809 10.17	4,096 14.20
Drug Add	249 1.53	505 2.02	264 1.63	540 2.08	324 1.9	689 2.46	373 2.1	880 3.05
Oth Ment	760 4.66	1,651 6.61	805 4.98	1,847 7.13	1,019 5.96	2,219 7.94	1,205 6.78	2,585 8.96
Ment Ret	1,536 9.42	2,169 8.68	1,458 9.02	2,162 8.35	1,506 8.81	2,362 8.45	1,513 8.51	2,378 8.25
Epilepsy	481 2.95	571 2.29	491 3.04	577 2.23	503 2.94	595 2.13	511 2.87	565 1.96

Table B 4 (Continued)

Primary Disability of Clients by Sex

Frequency col pct	1981 FEMALE	1981 MALE	1982 FEMALE	1982 MALE	1983 FEMALE	1983 MALE	1984 FEMALE	1984 MALE
Heart	348 2.13	1,076 4.31	307 1.90	1,086 4.19	307 1.8	1,011 3.62	288 1.62	852 2.95
Digestive	129 .79	187 .75	120 .74	160 .62	128 .75	168 .60	119 .67	162 .56
Speech	63 .37	103 .41	48 .30	121 .47	51 .3	132 .47	49 .28	116 .40
Oth Phys	1,531 9.39	2,213 8.86	1,553 9.61	2,166 8.36	1,615 9.45	2,281 8.16	1,564 8.79	2,261 7.84
Unknown	150 .92	237 .95	105 .65	241 .93	129 .75	207 .74	150 .84	265 .92
Total	16,302 39.49	24,979 60.51	16,166 38.43	25,905 61.57	17,095 37.94	27,960 92.06	17,784 38.15	28,838 61.85

Referral Sources. The data shows a number of interesting trends that occurred during the four years studied. (See Appendix A, page 4, for chart of all data.)

The primary trend indicates that, at referral, DVR in Wisconsin is receiving a lower number and percentage of women as compared to men. In 1981 women comprised 39.5 percent of the cases on record, while in 1984 they comprised 38.1 percent. The total number of women receiving services only went from 16,302 in 1981 to 17,771 in 1984 (a 9 percent increase) as compared to 24,977 to 28,831 of men for the same period (a 15 percent increase). Thus, of the increase in total clients served during this period, only 27.6% were female.

The sources for referrals also changed during this time period with there being a decrease in number of referrals from social security, welfare and job service. The percentage of women referred by Social Security decreased significantly by 4.7 percent. During this same time the number of women referred by Workers Compensation, educational institutions, and corrections showed a slight increase. The greatest increase in referrals were self-referrals. For women, self-referrals increased by 3.7 percent between 1981 and 1984. Male self-referrals increased by 5.2 percent during the same time span.

Earnings at Closure. In order to assess what has occurred during the four year period studied, the issue of earnings for all rehabilitated closures was examined from two perspectives: average weekly earnings at closure and average weekly earnings gain from acceptance to closure.

Table B 5 displays the data on average weekly earnings gain from acceptance to closure, separated by gender and severity of disability. It is apparent that there was improvement in weekly income for all groups. The percentage of earnings gain for females with a non-severe disability increased 19.7 percent from 1981 to 1984. In the same period, females with severe disabilities experienced an increase in earnings gain of 23.3 percent. Males with non-severe disabilities had a weekly earnings gain increase of only 13.8 percent from 1981 to 1984, but males with severe disabilities had a 23.2 percent increase. Whether disabilities were classified severe or non-severe, the earnings difference between males and females was lessened. Also, one should note that the those with severe disabilities had the most significant percentage increase in earnings, but concern remains that women with severe disabilities have a much lower starting weekly average earnings gain. (For raw data, see Appendix A, p. 6.)

Table B 5

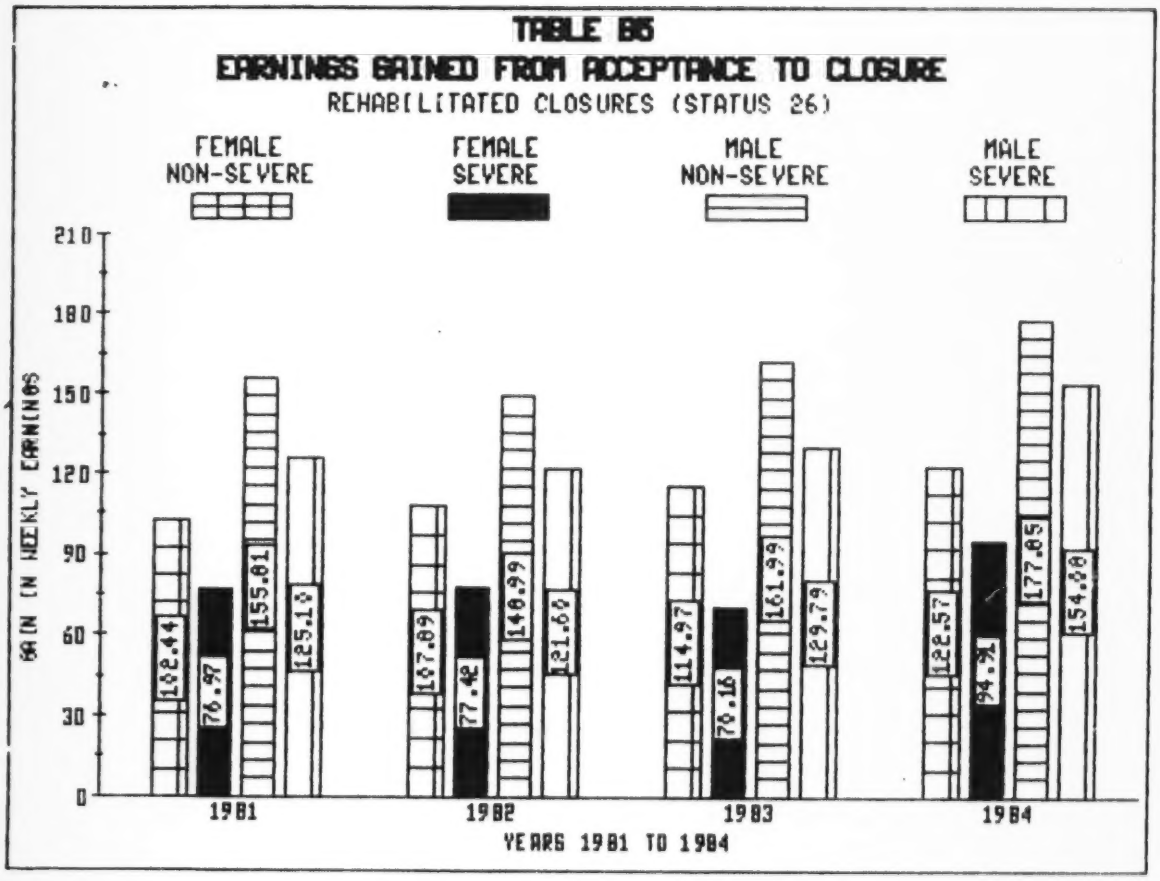


TABLE B5
EARNINGS GAINED FROM ACCEPTANCE TO CLOSURE
REHABILITATED CLOSURES (STATUS 26)
FEMALE NON-SEVERE
FEMALE SEVERE
MALE NON-SEVERE
MALE SEVERE
GAIN IN WEEKLY EARNINGS
210
180
150
120
90
60
30
0
102.44
76.97
155.01
125.13
107.89
77.42
140.99
121.60
114.97
70.16
161.99
129.79
122.57
94.2%
177.85
154.00
1981
1982
1983
1984
YEARS 1981 TO 1984

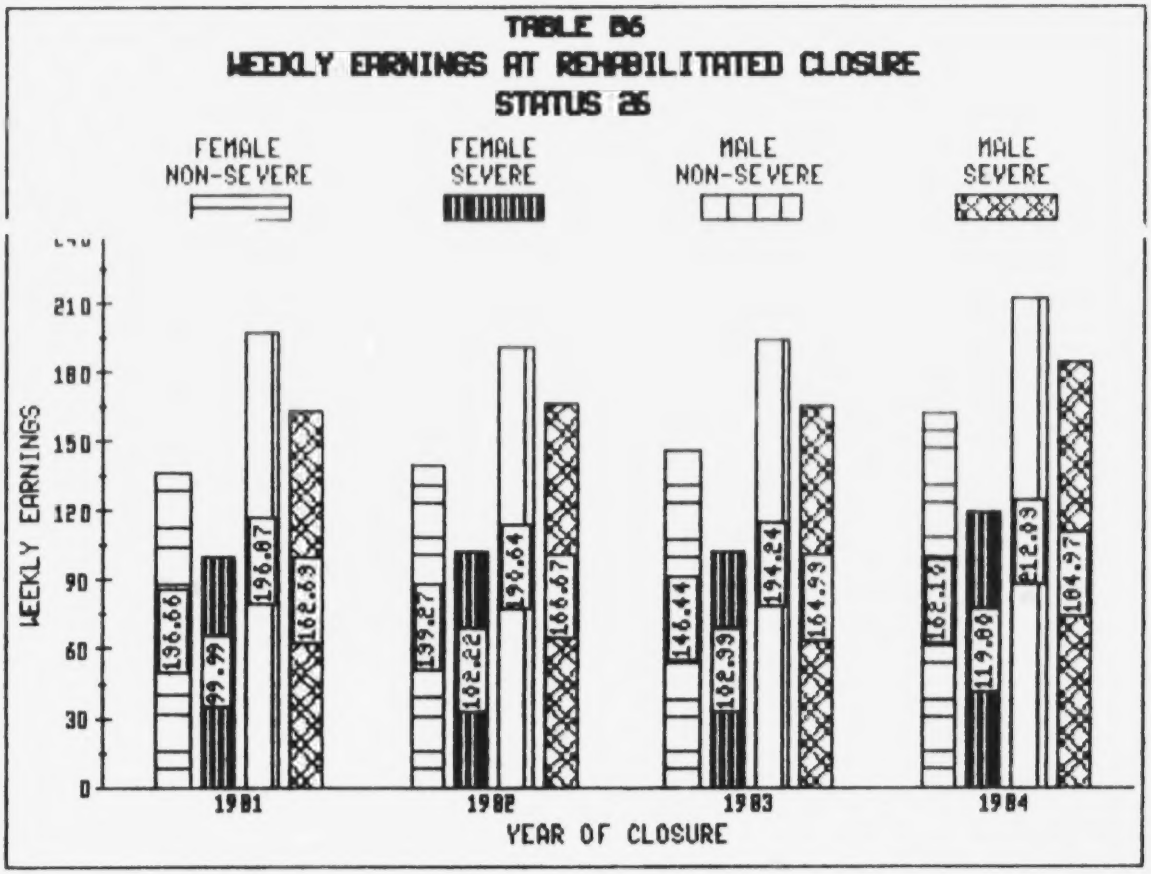
The second area covered was average weekly earnings at closure as rehabilitated. (See Table B 6.) This table again reflects an actual dollar improvement by both sexes and for both the severely and non-severely disabled from 1981 to 1984. The other findings, that come from further analysis of this table and the more detailed data shown in page 6 of Appendix A, are the changes in average earnings for females and males, and females percentage of male earnings. The breakdown of this information is as follows: in 1981 women on the average earned $116.17/week as compared to $178.76/week for men, with women's earnings being 65.0 percent that of men; in 1983 the average income for women was 66.0 percent that of men, as reported by Flottum (1985); and, in 1984 women's average income weekly was $133.31 and men $197.08 thus increasing women's earnings to 67.4 percent of what men earned. This data reflects a 2.4 percent improvement over the four years studied. National statistics (Bowe, 1984) indicated that disabled women earned 56 percent of what a disabled man earned, but the DVR 1984 statistics for women indicated 67.4 percent of a man's earnings. Thus women in Wisconsin have, by comparison, closed the earnings gap somewhat.

As will be more clearly illustrated in the File Survey, these kinds of statistics are particularly difficult to handle with integrity. Depending upon what measures and types of income are included or excluded, and at what time, and under what circumstances; the results may vary to a great extent. However, since the statistics cited for Wisconsin men and women served by DVR are all measured in the same way, the relative gap between genders does, in fact, appear to have narrowed.

Although Wisconsin shows a higher female to male income ratio than national averages appear to indicate, our intention is to continue to strive to improve equity throughout the DVR system.

Work Status At Closure. Two tables have been used to look at work status at closure. The first table can be seen in Appendix A, page 8. It divides "successful rehabilitation" closures into competitive employment, self-employment, Business Enterprise Program (BEP), homemakers, sheltered workers and unpaid family workers. The closure percentages in competitive employment are 77.8 percent in 1981, 75.8 percent in 1982, 74.2 percent in 1983, and 78.4 percent in 1984 for women with disabilities. During the same period, the statistics for men with disabilities were 92.9 percent, 91.4 percent, 91.8 percent, and 93.3 percent respectively. The percentage of women in paid employment increased, as it did for men, but the difference between men and women did not decrease and women remained more likely to be closed in non-competitive activity. In fact, the percentage of women with disabilities closed as homemakers increased from 17 percent in 1981 to 18 percent in 1984. Men closed as homemakers also increased from 2.2 percent to 3.5 percent during that time period. Overall, however, more men are competitively employed than are women.

Table B 6



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Another method of obtaining work status at closure is to review Dictionary of Occupational Titles coding. Table B 7 does this and includes the special coding which is unique to DVR -- home worker, sheltered workshop, BEP clerk, BEP operator. Five divisions within the Service occupational area were considered as traditionally female oriented and four as traditionally male oriented. The female oriented divisions include: 1) domestic service occupations; 2) food and beverage preparation and service occupations; 3) amusement and recreation service occupations; 4) miscellaneous personal service occupations; and 5) apparel and furnishings service occupations. Male oriented divisions include: 1) lodging and related service occupations; 2) barbering, cosmetology, and related service occupations; 3) protective service occupations; and 4) building and related service occupations. The traditional female service occupations in 1981 comprised 13.5 percent of the total population, 20.3 percent of the female population, and 8.5 percent of the male population. In 1983, traditional female service occupations comprised 15.2 percent of the total population, 21.7 percent of the female population, and 10.7 percent of the male population. The 1984 statistics in this area show that these occupations comprised 14.6 percent of the total population, with 22 percent of the female population, and 10.1 percent of the male population. There is fluctuation in the total population, but each year there was an increase in the percentage of females in the traditional female service occupations.

The homeworker or homemaker occupation is considered as a traditional female occupation. This occupational group is considered as low paying (or no pay). In 1981, 372 women and 99 men were closed in this occupational area (7.9 percent of the total population), 14.6 percent of the female population but only 2.9 percent of the male population. Flottum's (1985) statistics compare with our findings that, in 1983, homemaker closures comprised 10.6 percent, 19.7 percent of the female and 4.4 percent of the male population. For 1984, there was a decrease in the number and percentage of the total population closed as homemakers (8.2 percent) and of the female and male population where the percentages were 15.4 percent and 3.8 percent respectively. It is possible that the fluctuation in this occupation area is related in part to the unemployment rate at the time.

Traditional female service occupations and home workers (homemakers) are two of the top five occupational areas in which women are closed. The other areas are clerical, medicine/law, and traditional male service occupations in 1981 and, in 1984, they were clerical, administration, and traditional male service occupations. Sales occupations were sixth or seventh by percentage of females closed in that occupational area.

The 1981 statistics appear to correlate with the national statistics cited in the literature review that women are more frequently homemakers, or in the clerical, service, and medical area. However, more men appeared in sales occupations than anticipated in the literature. One significant change was that 6 percent of the female population was employed in the administration occupational area in 1984.

Table B 7

Client Closed Status 26 - Work Status at Closure by DOT Categories

By Year:
Freq
Row %
Col %

	1981		1982		1983		1984	
	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE
Home Worker	372 78.98 14.62	99 21.02 2.86	475 74.8 18.49	160 25.19 4.62	491 75.53 19.69	159 24.46 4.37	380 71.29 15.35	153 28.7 3.81
Shelt. Wkshop	53 51.45 2.08	50 48.54 1.44	41 43.16 1.59	54 56.84 1.56	19 32.76 .76	39 67.24 1.07	31 43.66 1.25	40 56.34 .99
BEP Clerk	1 50.00 .04	1 50.00 .03	0 - -	0 - -	4 100.00 .16	0 - -	0 - -	4 100.00 .10
BEP OP	1 16.67 .04	5 83.34 .14	0 - -	1 100.00 .04	2 66.67 .08	1 33.33 .03	1 50.00 .04	1 50.00 .02
Hard Sciences	40 33.33 1.57	80 66.67 2.31	48 35.3 1.87	88 64.71 2.54	53 43.8 2.12	68 56.2 1.87	51 33.55 2.06	101 66.44 2.51
Medicine/ Law	128 71.91 5.03	50 28.09 1.44	105 67.75 4.09	50 32.25 1.44	112 77.24 4.49	33 22.75 .91	113 68.48 4.56	52 31.52 1.29
Soft Sciences	82 49.4 3.22	84 50.6 2.43	84 44.92 3.27	103 55.08 2.97	87 47.28 3.49	97 52.71 2.67	90 54.54 3.63	75 45.45 1.87
Admini-stration	114 37.87 4.48	187 62.13 5.41	101 35.82 3.93	181 64.18 5.22	100 33.78 4.01	196 66.22 5.39	149 40.17 6.02	222 59.84 5.52
Clerical	469 67.77 18.44	223 32.23 6.45	430 68.91 16.74	194 31.09 5.6	416 68.42 16.69	192 31.58 5.28	435 64.35 17.57	241 35.65 6.00

Table B 7 (Continued)

Client Closed Status 26 - Work Status at Closure by DOT Categories

By Year:
Freq
Row %
Col %

	1981		1982		1983		1984	
	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE
Sales	95	168	84	150	99	207	98	209
	36.12	63.88	35.9	64.1	32.35	67.65	31.92	68.08
	3.73	4.86	3.27	4.33	3.97	5.7	3.96	5.20
Trad Fem Svc	517	294	546	329	542	388	544	406
	63.75	36.26	62.4	37.6	58.28	41.72	57.26	42.73
	20.32	8.5	21.25	9.49	21.74	10.66	21.97	10.10
Trad Male Svc	125	334	147	311	147	364	139	376
	27.23	72.77	32.1	67.9	28.76	71.23	26.99	73
	4.91	9.65	5.72	8.97	5.9	10.01	5.61	9.35
Unknown	23	93	27	80	21	91	23	96
	19.83	80.17	25.23	74.76	18.75	81.25	19.32	80.67
	90	2.69	1.05	2.31	.84	2.50	.93	2.39
Agricul-ture	21	197	20	216	18	214	26	220
	9.63	90.36	8.47	91.52	7.76	92.24	10.57	89.43
	.83	5.69	.78	6.23	.72	5.89	1.05	5.47
All Other	503	1,594	461	1,549	382	1,585	396	1,823
	23.98	76.01	22.93	77.07	19.42	80.58	17.84	82.16
	19.77	46.08	17.94	44.69	15.32	43.61	15.99	45.36
Total	2,544	3,459	2,569	3,466	2,493	3,634	2,476	4,019
	6,003		6,035		6,127		6,495	

Case Service Expenditures by Sex. In order to track expenditures, the agency has developed a case service coding system. This coding allowed us to obtain a record of the number of males and females receiving each service and the amount of money expended for each year in this study. In 1981 and 1982, there were 21 case service codes, but the number of case service codes increased to 34 in 1983.

Since there was a change in the number of case service codes from 1982 to 1983, it was decided to provide data for only 1983 and 1984. After reviewing the 34 areas, it was determined that 17 of the case service areas indicate an interesting trend in the services provided differently to males and females. (See Table B 8.)

Women comprised 37.9 percent of the cases-on-record in 1983 and 38.2 percent in 1984. A percentage of funding for services higher than their incidence in the client population was allocated to women each year in the following areas: psychiatric treatment, prosthetic appliances, college training, private vocational school training, public vocational school training, occupational skills training, DVR Homecraft services, purchase of hearing aids, VTAE maintenance and college maintenance. Looking at these areas more closely it is noted that women received services for psychiatric treatment, college training, DVR Homecraft, hearing aids, and college maintenance at a level that equaled or exceeded 10 percent of their incidence in the population. For private vocational school training, public vocational school, occupational skill training and VTAE maintenance, women were served at a level of approximately 5 - 9 percent above their incidence in the population.

During this same period of time, women were less likely (than their incidence) to receive the following services: vocational evaluation, on-the-job training, work adjustment training, job placement services, vehicle purchase-modifications and occupational equipment purchase. Women were under-served at a level of 5 percent or more for the following service areas: on-the-job training under-served by over 6 percent; job placement under-served by 6 percent; and occupational equipment purchase under-served by 10 percent. In the other areas noted above, women were under-served by approximately 2 - 3 percent of their incidence in the population.

The areas in which women received services at a level higher than their incidence were those areas generally involving educational training and support services, homecraft which does not lead to competitive employment, and treatment services such as psychiatric treatment and purchase of hearing aids. The areas where women receive proportionally less funding are direct placement, on-the-job training leading to direct placement, and services which may result from having a job, such as vehicle purchase-modification and occupational equipment purchase. These results show that there are differences in the services received by males and females.

Table B 8
Percent of DVR Case Services and Expenditures by Sex for FY 1983 and 1984

CASE SERVICE	Percent Female	Percent Male	Percent of Expenditure - Female	Percent of Expenditure - Male	
Vocational Evaluation	34 36	66 64	32.7 36.6	67.2 63.4	1983 1984
Medical Treatment	41.5 38.1	58.5 61.9	45.2 38.3	54.8 61.7	1983 1984
Psychiatric Treatment	54.6 60.3	45.4 39.7	50.9 61.3	49.1 38.7	1983 1984
Prosthetic Appliances	40.3 39.6	59.7 60.5	31.6 31	68.4 69	1983 1984
College	49 49.6	51 50.4	51 49.6	49 50.4	1983 1984
Private Voc. School	41.4 46	58.6 54	42 39.3	58 60.7	1983 1984
Public Voc. School	42.8 43.7	57.2 56.3	39.7 40.1	60.3 59.9	1983 1984
On-The-Job Training	27.3 32	72.7 68	24.3 29	75.7 71	1983 1984
Work Adjust. Training	34.5 36.3	65.5 63.7	33.1 37.1	66.9 62.9	1983 1984
Occupational Skill Training	41.5 42.5	58.5 57.5	41.1 42.8	58.9 57.2	1983 1984

Table B 8 (Continued)
Percent of DVR Case Services and Expenditures by Sex for FY 1983 and 1984

CASE SERVICE	Percent Female	Percent Male	Percent of Expenditure - Female	Percent of Expenditures - Male	
DVR Homecraft	48.9	51.1	42	58	1983
	47.5	52.5	44.6	55.4	1984
Job Placement Services	34.6	65.4	33.4	66.6	1983
	32.6	67.4	32.2	67.8	1984
Vehicle Purchase-Modification	29.5	70.5	28.2	71.8	1983
	35.8	64.2	22.4	77.7	1984
Hearing Aids	53.1	46.9	53.6	46.4	1983
	48.7	51.3	45	55	1984
VTAE Maintenance	42.8	57.2	38.3	61.7	1983
	45.4	54.6	43.2	56.8	1984
College Maintenance	49.8	50.2	44.4	55.6	1983
	51.3	48.7	48	52	1984
Occupational Equipment Purchase	26	74	22.5	77.5	1983
	26.3	73.7	18.4	81.6	1984

** In 1983 women comprised 37.94% of the cases on record and men 62.06%. In 1984 women made up 38.15% of the cases on record and men 61.85%. These figures should be kept in perspective when considering the provision of services to clients. That is, in some case service categories women may be very over-served based upon their representation in the cases on record even though they receive less than half the services and less dollar amount.

Expenditures for the services do not necessarily flow in the same direction as the percentage of women receiving that service. Overall (looking at expenditures in all 34 case service codes areas) in 1983 and 1984, women received from 38 to 39 percent of the case-service dollars, which means they are receiving their share of the service money. Table B 9 further verifies this, demonstrating that an average of $647.59 was spent on female clients and $640.88 on male clients in 1983, and the average expenditures for female clients were $445.88 and $448.17 for male clients.

Table B 9

Fiscal Year Expenditures by Sex for 1983 and 1984

		# of Clients	Total Dollars Expended	Avg. $/Client
1983	Female	9,426	6,104 219.43	647.59
	Male	14,704	9,423 528.11	640.88
1984	Female	9,935	4,429,909.40	445.88
	Male	15,511	6,951 690.85	448.17

Summary. The results of the descriptive data indicate that men with disabilities receive services more often, in part because they comprise a larger portion of the population with disabilities in Wisconsin and across the nation. However, in Wisconsin, the data indicate that women with disabilities do not receive DVR services proportionate to their incidence in the Wisconsin population with disabilities. We also are not reaching black females at the level at which it appears they need services. Wisconsin DVR is serving on the average a much younger population than the national statistics indicated as the average age of women with disabilities. The marital status of female clients in Wisconsin does not follow the national trend in that more female clients were never married than married. The occupations in which female clients were closed as rehabilitated followed the national vocational rehabilitation system of homemaker, clerical, service and medical. The sales occupation area, however, was not the occupation at closure as often as anticipated.

For the four years of this study the sources for obtaining female referrals changed. There was a decrease in the number of women referred by Social Security, welfare and Job Service. During this same time, the number of women referred by Workers Compensation, educational institutions, corrections and self-referral increased.

Earnings at closure for Wisconsin DVR showed that earnings for women with disabilities are improving. In 1981, they earned 65.0 percent of the income earned by their male peers and, in 1984, they earned 67.4 percent of comparable male income. These statistics are in comparison to the most recent (1980) findings nationally that women with disabilities earned only 56 percent of that earned by men with disabilities.

Wisconsin DVR data indicates that female clients receive some services out of proportion (more or less) to what male clients receive. Female clients more frequently enter college and vocational training and are less likely to be placed in work adjustment training or on-the-job training. Actual expenditures on male and female clients showed very little difference.

C. WISCONSIN DVR FILE REVIEW

Information from the Wisconsin DVR statistical data base does not include certain kinds of information which might be extremely beneficial in assessing the true economic outcomes for female DVR clients. Two specific areas of concern were identified:

1. What kinds of competitive employment are female clients achieving at closure?

2. Are there identifiable "disincentives" which may be reventing women from seeking DVR assistance in preparing for competitive employment?

RESEARCH DESIGN -- Competitive Employment

In order to examine this issue more closely, a 10 percent random sample, stratified by gender and field office, was drawn from all case files closed in-a-work-status during 1984. These files were requested by work status and the Dictionary of Occupational Titles (DOT) code categories specified in Table C 1.

Table C 1
Dictionary of Occupational Titles Codes

Home Worker	5999
Sheltered workshop	6999
BEP Clerk	8999
BEP Operator	9999
Hard Sciences	01--Architecture, engineering and surveying
	02--Mathematics and physical sciences
	04--Life sciences
Medicine/Law	07--Medicine and health
	11--Law and jurisprudence
Soft Sciences	05--Social sciences
	09--Education
	10--Museum, library and archival sciences
	12--Religion and theology
	13--Writing
	14--Art
	15--Entertainment and recreation
Administration	16--Administrative specializations
	18--Managers and officials
	19--Misc. professional, technical and managerial
Clerical	20--Stenography, typing, filing and related
	21--Computing and account recording
	22--Production and stock clerks and related
	23--Information and message distribution
	24--Misc. clerical

Table C 1 (Continued)
Dictionary of Occupational Titles Codes

Sales	25--Sales - service
	26--Sales - consumable
	27--Sales - commodities
	29--Misc. sales
Traditional	30--Domestic service
Female Service	31--Food and beverage preparation and service
	34--Amusement and recreation service
	35--Misc. personal service
	36--Apparel and furnishings service
Traditional	32--Lodging and related services
Male service	33--Barbering, cosmetology and related services
	37--Protective service
	38--Building and related service
Unknown	blank
Agriculture	40-49 -- Agricultural, fishery, forestry and related
All Other	50-59 -- Processing
	60-69 -- Machine trades
	70-79 -- Bench work
	80-89 -- Structural work
	90-99 -- Miscellaneous

A manual survey of DVR case files by gender was deemed necessary for four reasons:

1. A central difficulty in assessing the status of women and DVR services is that there are no comparable statistics. National statistics focus on <u>all</u> women with disabilities, while VR statistics reflect clients referred to state vocational rehabilitation agencies in fifty different states. Because states vary dramatically in their populations, numbers and types of people with disabilities, employment opportunities, structure of VR services, etc. and since our purpose is to evaluate services to Wisconsin women, the best comparison available appeared to be that between DVR rehabilitation outcomes achieved by men and women in this state.

2. A second difficulty arises in the reporting mechanism. All reporting on clients is based on the DVR-2 form. (See Appendix B.) A separate DVR-2 is established for each DVR client and tracks her/him through the system from referral to closure. These forms represent reports from some 200 different counselors, each of whom can be expected to make occasional errors and each of whom is under considerable time constraint. Thus, computerized information may contain some misinformation relating to actual outcomes.

3. DVR statistics are, like all state VR statistics contaminated by the federal definition of "successful rehabilitation" (Status 26), which combines people who achieve competitive employment outcomes with persons terminated from services in low-pay or no-pay work status outcomes: un-paid homemakers, un-paid family workers, homecraft

(which defines "successful rehabilitation" as the ability to earn $20.00 per week or work 20 hours per week), sheltered workshop, and part-time employment closures. (DVR Policy and Procedure Manual) The assimilation of these low-pay/no-pay outcomes into the DVR data base makes it extremely difficult to develop an accurate comparison of economic gains achieved by women (and men) in the VR system. Table C 2 illustrates this difficulty. All DVR Status 26 closures are listed for years 1981 through 1984 by previously noted DOT categories. In 1981, 78.98 percent of all Home Worker (Homemaker -- un-paid) closures were female. By 1984, this proportion had decreased to 71,29 percent; however, even this proportion is substantially greater than the incidence of females in the client population. Sheltered Workshop closures more closely approximate female incidence in 1984, but remain higher. Homecraft and part-time work are subsumed in the remaining categories.

4. The number of women/men employed in a particular DOT category (eg. Med/Law) does not indicate the type of job clients are obtaining, i.e. is the female client now an L.P.N. or an M.D.? Without knowing what specific jobs were obtained, it is impossible to judge relative security, upward mobility potential, types and level of benefits, or individual economic gains.

Table C 2
Client Closed Status 26 - Work Status at Closure by DOT Categories

By Year:
Freq
Row %
Col %

	1981		1982		1983		1984	
	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE
Home Worker	372 78.98 14.62	99 21.02 2.86	475 74.8 18.49	160 25.19 4.62	491 75.53 19.69	159 24.46 4.37	380 71.29 15.37	153 28.7 3.81
Shelt. Wkshop	53 51.45 2.08	50 48.54 1.44	41 43.16 1.59	54 56.84 1.56	19 32.76 .76	39 67.24 1.07	31 43.66 1.25	40 56.34 .99
BEP Clerk	1 50.00 .04	1 50.00 .03	0 - -	0 - -	4 100.00 6	0 - -	0 - -	4 100.00 .10
BEP OP	1 16.67 .04	5 83.34 .14	0 - -	1 100.00 .04	2 66.67 08	1 33.33 .03	1 50.00 .04	1 50.00 .02
Hard Sciences	40 33.33 1.57	80 66.67 2.31	48 35.3 1.87	88 64.71 2.54	93 43.8 3.12	68 56.2 1.87	51 33.55 2.06	101 66.44 2.51
Medicine/ Law	128 71.91 5.03	50 28.09 1.44	105 67.75 4.09	50 32.25 1.44	112 77.24 4.49	33 22.75 .91	113 68.48 4.56	52 31.52 1.29
Soft Sciences	82 49.4 3.22	84 50.6 2.43	84 44.92 3.27	103 55.08 2.97	87 47.28 3.49	97 52.71 2.67	90 54.54 3.63	75 45.45 1.87
Admini-stration	114 37.87 4.48	187 62.13 5.41	101 35.82 3.93	181 64.18 5.22	100 43.78 4.01	196 66.22 5.39	149 40.17 6.02	222 59.84 5.52
Clerical	469 67.77 18.44	223 32.23 6.45	430 68.91 16.74	194 31.09 5.6	516 68.42 16.69	192 31.58 5.28	435 64.35 17.57	241 35.65 6.00

Table C 2 (Continued)

Client Closed Status 26 - Work Status at Closure by DOT Categories

By Year:
Freq
Row %
Col %

	1981		1982		1983		1984	
	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE
Sales	95	168	84	150	99	207	98	209
	36.12	63.88	35.9	64.1	32.35	67.65	31.92	68.08
	3.73	4.86	3.27	4.33	3.97	5.7	3.96	5.20
Trad Fem Svc	517	294	546	329	542	388	544	406
	63.75	36.26	62.4	37.6	58.28	41.72	57.26	42.73
	20.32	8.5	21.25	9.49	21.74	10.66	21.97	10.10
Trad Male Svc	125	334	147	311	147	364	139	376
	27.23	72.77	32.1	67.9	28.76	71.23	26.99	73
	4.91	9.65	5.72	8.97	5.9	10.01	5.61	9.35
Unknown	23	93	27	80	21	91	23	96
	19.83	80.17	25.23	74.76	18.75	81.25	19.32	80.67
	90	2.69	1.05	2.31	.84	2.50	.93	2.39
Agricul-ture	21	197	20	216	18	214	26	220
	9.63	90.36	8.47	91.52	7.76	92.24	10.57	89.43
	.83	5.69	.78	6.23	.72	5.89	1.05	5.47
All Other	503	1,594	461	1,549	382	1,585	396	1,823
	23.98	76.01	22.93	77.07	19.42	80.58	17.84	82.16
	19.77	46.08	17.94	44.69	15.32	43.61	15.99	45.36
Total	2,544	3,459	2,569	3,466	2,493	3,634	2,476	4,019
	6,003		6,035		6,127		6,495	

Mechanics. A total of 405 male and 220 female case files were requested, with 381 and 210, respectively, received and reviewed. Ten male and nine female files were incorrectly coded as competitive closures; three male and one female files were incorrectly identified by gender; twelve male and six female files were homecraft; and nine male and four female files lacked sufficient information -- these files were discarded, leaving a total of 347 male and 190 female files representing competitive employment status. Of these, 56 males and 67 females were employed part-time, leaving a total of 291 males and 123 females in full-time competitive work status. Table C 3 illustrates outcomes for those DVR clients in full-time competitive employment at 1984 closure.

Table C 3
FULL-TIME COMPETITIVE EMPLOYMENT -- DVR CLIENTS -- 1984 TOTALS

DOT Category	Female	Male
Clerical	$ 6,197.00	$ 5,969.00
Agriculture	134.00	2,751.00
Administration	3,224.00	5,274.00
Soft Sciences	1,911.00	1,207.00
Sales	1,180.00	5,537.00
Hard Sciences	2,101.00	4,038.00
Med/Law	2,575.00	1,446.00
All-Other	3,882.00	38,990.00
Traditional Male Service	584.00	4,733.00
Traditional Female Service	4,187.00	1,939.00
Totals	$25,975.00	$71,884.00

By using this direct file survey method, it was possible to eliminate miscoding, homecraft and information errors. It was also possible to isolate part-time employment, to exclude it when comparing female economic gains to male economic gains and to retrieve it when considering the impact of part-time jobs in overall income averages. Thus, baseline averages drawn from the survey are as specific and accurate as possible.

Because of the limited number of individual incomes included ins some categories, where even one especially high or low income skews the results, overall averages were computed by gender (Table C 4).

Table C 4
OVERALL AVERAGES

Female = $25,975.00 / 123 = $211.18

Male = $71,884.00 / 291 = $247.02

Female average/Male average = $211.18/$247.02 = .86 or 86%

Discussion. This survey indicates that, where female clients achieve full-time competitive employment, their average wage is 86 percent of the average comparable male wage. When part-time employment is added to both sides of the equation, the proportion falls to 79 percent, due largely to the fact that 67 of the 190 females competitively employed were working part-time and only 56 of the 381 males competitively employed worked part-time. What is not known is whether females more frequently worked part-time because they chose it voluntarily, because the severity of their disabilities or the extent of responsibilities at home prevented full-time employment, or because they simply could not obtain full-time jobs. At any rate, whether 86 percent or 79 percent, the wage gap between men with disabilities and women with disabilities coming out of the DVR system is substantially smaller than the 46 percent gap between wages of men and women in the national full-time employed population. (Spain, 1985) However, it is significant that, while 38.2% of the 1984 DVR client population was female, results of the file survey indicate that only 29.7 percent of those who achieved full-time, competitive employment were women. Similarly, it is important to note insights from the soon-to-be-published Wisconsin Department of Industry, Labor and and Human Relations (DILHR) report describing major employment and training initiatives in the state. This report describes one training program which achieves 100 percent parity between males and females who obtain employment through that program -- all at minimum wage. Excerpts from this report appear to indicate that, with minor fluctuations, as the average income rises, the relative disparity between male and female incomes increases. (See Table C 5.)

Table C 5

Wisconsin Department of Industry, Labor and Human Relations Draft -1986

Services to Women in Wisconsin's Major Employment and Training Programs

Program	% of Women in Eligible Population	Female Percentage of Enrollment	Female Percentage of Placements	Female Average Wage	Male Average Wage	Percentage
VTAE	N/A	51.5%	N/A	$930/mo.[1]	$1,288/mo.[1]	72%
JTPA Title IIA Adult	56.2%	50%	46%	$4.36/hr.	$5.14/hr	85%
Title IIA Youth	51%	47%	45%	$3.76/hr.	$4.04/hr.	93%
Title III	37%	30%	29%	$5.66/hr.	$6.90/hr.	82%
WEOP	77%[2]	54%	46%	$4.18/hr.	$5.31/hr.	79%
Vocational Rehab.[3]	38.6%	39.4%	34.8%	$177.09/wk.	$213.65/wk.	83%
Corrections Transitional Employment Program[4]	6.9%	6.8%	6.8%	$3.35/hr.	$3.35/hr.	100%
Job Service	44%[9]	43%[10]	45%	$3.92/hr.	$4.72/hr.	83%

Table C 5 (Continued)

Wisconsin Department of Industry, Labor and Human Relations Draft -1986

Services to Women in Wisconsin's Major Employment and Training Programs

Program	% of Women in Eligible Population	Female Percentage of Enrollment	Female Percentage of Placements	Female Average Wage	Male Average Wage	Percentage
Unemployment Comp.[3]	N/A	33.6%[11]	33.4%[12]	$113.96/wk[13]	$158.92/wk[13]	72%
SCSEP	57%	71%	59%	$4.68/hr.	$4.80/hr.	98%

- - - -

Unfortunately, national wage levels for 1984 are only available in the form of medians. Table C 6 illustrates these national medians.

TABLE C 6

1984 -- U.S. AVERAGE FULL-TIME WAGE AND SALARY WORKER MEDIANS PER WEEK

Men		Women	
16 +	= $391	16 +	= $265
16 - 24	= 231	16 - 24	= 203
25 +	= 422	25 +	= 282
25 - 34	= 382	25 - 34	= 284
35 - 44	= 471	35 - 44	= 291
45 - 54	= 469	45 - 54	= 278
55 - 64	= 439	55 - 64	= 269
65 +	= 327	65 +	= 218

U.S. Bureau of Labor Statistics, Employment and Earnings, January, 1986.

Medians tabulated for full-time, competitively employed DVR clients for 1984 were $200 for males and $180 for females. However, since a significant proportion of DVR clients' jobs at closure represent entry-level employment and other clients are returning to previous employment of long standing, it is impossible to draw any firm comparisons by age group or labor market attachment to national population medians. Part-time work is similarly problematic. In most instances, the number of hours per week and/or the hourly wage were not stipulated for DVR clients.

However, if we return to the U.S. Department of Labor 1981 median incomes cited on page 16 of this study, and add 1984 medians for rehabilitated, competitively, full-time employed DVR clients, the results appear as follows:

Median Incomes for Full-Time, Year-Round Employment

White Males	= $21,178
Black Males	= $14,178
White Females	= $12,665
Black Females	= $11,438
DVR Males	= $10,400
DVR Females	= $ 9,360

These median income levels appear to "speak for themselves" and require little further elaboration.

DOT coding did not prove to be a particularly reliable source of information regarding the types of jobs obtained by women or men. The first four digits of the DOT code assigned to a particular job is recorded at the time of a Status 26 closure. As indicated earlier (Table C 1), the first two digits were used to establish categories of employment for this survey. In reviewing DOT coding in both sets of files, it was discovered that 12 percent of the codes recorded in the files of female clients and 14 percent of the codes recorded in the files of male clients were sufficiently incorrect to change the work category. However, there appeared to be no consistent pattern: no particular office erred significantly more often, the errors were approximately evenly distributed by gender, and no indication was found to suggest deliberate "up-grading" or "down-grading" of the job obtained.

It was decided that the best illustration of the variety and types of employment being obtained would simply be a listing of actual job titles (not DOT codes) and weekly income for each of the full-time competitively employed clients surveyed (Tables C 7 through C 16).

Table C 7

Female Clerical - Full-time

Job	Weekly $	Job	Weekly $
Mail handler	200	Accounting clerk	280
Traffic clerk	160	Telephone order clerk	292
Secretary	160	Data entry clerk	160
Gen. office clerk	225	Receptionist	203
Clerical assistant	246	Data entry and clerical	317
Clerical assistant II	238	Secretary	251
Clerical worker	205	Clerical	134
Clerical & financial	322	Office clerk	194
Typist	180	Accounting asst.	268
Bookkeeper	180	Clerical	170
Clerical	190	Secretary	150
Clerk/adm.	250	Radio dispatcher	211
Cashier	300	Word processor	232
Office clerk	144	Receptionist	180
Reader/clipper	160		

Total weekly income = $6,197 - 29 = $213.69

Male Clerical - Full-time

Job	Weekly $	Job	Weekly $
Bookkeeper	240	Computer operator	550
Mail handler	200	Stock clerk	180
Clerk	298	Shipping/receiving clerk	140
File clerk	134	Equip. yard clerk	255
Computer operator	240	Order clerk	250
Shipping clerk	200	Freight handler	200
Client service asst.	240	Collections agent	200
Computer operator	234	Shipping clerk	135
Bill collector	225	Office clerk	380
Night desk clerk	135	Shipping/receiving	450
Traffic manager	403	Mail carrier	150
Bookkeeper	250	Accountant	280

Total weekly income = $5,969 - 24 = $248.71

Table C 8

Female Agriculture - Full-time

Job	Weekly $	Job	Weekly $
Laborer	134		

Total weekly income = 134 - 1 = $134.00

Male Agriculture - Full-time

Job	Weekly $	Job	Weekly $
Groundskeeper	194	Farm hand	175
Housetender	136	Animal lab tech.	160
Farm equip. operator	200	Fruit farm worker	140
Tree cutter	175	Farm laborer	134
Farm prod. feeder	176	Vet's asst	160
Logger	160	Farm hand	150
Groundskeeper	182	Dairy helper	134
Farm hand	125	Farm worker	150
Logger	200		

Total weekly income = $2,751 - 17 = $161.82

Table C 9

Female Administration - Full-time

Job	Weekly $	Job	Weekly $
Retail (own store)	65	Manager (retail)	150
Children's counselor	150	Public relations director	200
Community worker	360	Revenue accounting agent	261
Employment specialist	150	Accountant	325
Administration	140	Sales promoter	300
Advertising manager	220	Buyer	200
Personnel manager	277	Project coordinator	250
Manager (gas station)	176		

Total weekly income = $3,224 - 15 = $214.93

Male Administration - Full-time

Job	Weekly $	Job	Weekly $
District sales manager	200	Legal aid	250
Service manager	450	Restaurant manager	350
Welfare director	500	Assistant sales manager	200
Security officer	200	Loan officer	375
Recruiter	475	Manager	500
Tax examiner	274	Apartment manager	184
Recording engineer	150	Quality control manager	350
Accountant	150	Chief pilot	200
Motel manager	225	Production manager	300

Total weekly income = $5,274 - 18 = $293.00

Table C 10

Female Soft Sciences - Full-time

Job	Weekly $	Job	Weekly $
Teacher (special ed.)	279	Teacher (retarded)	275
Floral designer	152	Equestrian	140
Writer (tech. pub.)	200	Teacher	300
Teacher (secondary)	261	Teacher (special ed.)	304

Total weekly income = $1,911 - 8 = $238.88

Male Soft Sciences - Full-time

Job	Weekly $	Job	Weekly $
Teacher	265	Stained glass artist	160
Teacher (secondary)	282	Ed., Journalist	500

Total weekly income = $1,207 - 4 = $301.75

Table C 11

Female Sales - Full-time

Job	Weekly $	Job	Weekly $
Store clerk	136	Insurance broker	460
Retail sales	134	Sales (office equip.)	250
Salesperson	200		

Total weekly income = $1,180 - 5 = $236.00

Males Sales - Full-time

Job	Weekly $	Job	Weekly $
Customer service	160	Communications equip.	600
Sales	135	Sales clerk	140
Record sales	358	Hardware sales	150
General sales	140	Retail sales	126
Sales clerk	180	Metals sales	426
Auto sales	350	Stock clerk	140
Sales supervisor	234	Computer sales manager	250
Business systems sales	150	Feed sales	425
Rental agent	333	Salesman	200
Deliveryman	165	Used car sales	200
Salesman	200	Sales representative	300
Wood/fuel sales	175		

Total weekly income = $5,537 - 23 = $240.74

Table C 12

Female Hard Sciences - Full-time

Job	Weekly $	Job	Weekly $
School counselor	422	AODA counselor	335
AODA counselor	160	AODA counselor	310
AODA counselor	200	Psychologist	500
AODA counselor	174		

Total weekly income = $2,101 - 7 = $300.14

Male Hard Sciences - Full-time

Job	Weekly $	Job	Weekly $
CD counselor	300	CD counselor trainee	240
Group home counselor	250	DC counselor	300
Production planner	384	Machine design tech.	240
Draftsman	254	Social worker	240
Vocational counselor	150	Product engineer	360
Physical tester/ inspect.	500	CD counselor	280
CD counselor	325		
Mkt. Research Analyst	260		

Total weekly income = $4,038 - 14 = $291.64

Table C 13

Female Med/Law - Full-time

Job	Weekly $	Job	Weekly $
R.N.	404	L.P.N.	200
Clinical Dietitian	364	Medical assistant	230
L.P.N.	158	X-Ray developer	250
Occupational therapist	340	R.N.	369
L.P.N.	260		

Total weekly income = $2,575 - 9 = $286.11

Male Med/Law - Full-time

Job	Weekly $	Job	Weekly $
Dietetics	250	Pharmacist	200
Lab tech.	246	Escrow agent	375
Paramedic	375		

Total weekly income = $1,446 - 5 = $289.20

Table C 14
Female All-Other - Full-Time

Job	Weekly $	Job	Weekly $
Assembler	180	Lens/frame assembler	210
Cheese packer	250	Elec. wiring assemb.	154
Machine operator	200	Bench inspect	374
Production worker	156	Gas station manager	150
Prod. worker (auto)	441	Inspect. (canned fds)	190
Assembler (sm. pts.)	134	Assembler	180
Sew machine operator	160	Factory inspector	200
Factory line inspt.	186	Assembler	342
Cheese factory	200	Bus driver	175

Total weekly income = $3,882 - 18 = $215.67

Male All-Other - Full time

Job	Weekly $	Job	Weekly $
Insulation worker	400	Material handler	134
Feedmill labor	160	Electrician	240
Maintenance	440	Heating co. gen. lab.	200
Window assembler	158	Cannery worker	275
Heavy mis. handler	150	Maintenance	160
Utility worker	180	Molding machine op.	226
Construction gen.	200	General labor	134
Cable TV install.	150	Truck driver	380
Machine operator	336	Machine assembler	320
Barrel plater	147	Machinist	250
Auto mechanic	150	Truck driver	150
Machine operator	152	Maintenance	312
Saw operator	440	Grinder/chipper	272
Candy maker helper	148	Auto mechanic	180
Factory labor	134	Packer	134
Machinist	360	Truck driver	160
Saw smith	134	Painter	318
Machine operator	170	Lathe operator	415
Carpet layer	200	Small engine repair	200
Papermill worker	375	Paper factory wkr.	206
Machine operator	400	Factory labor	160
Maintenance	234	Diesel mechanic	200
Ship fitters helper	222	Cablemaker	160
Salvage cutter	240	Machine operator	200
Auto body worker	180	Fence setter	180

Table C 14 (Continued)
Male All-Other - Full time

Job	Weekly $	Job	Weekly $
Factory assembler	220	Heavy equip. op.	600
Lot attend. (auto)	192	Carpenter helper	150
Truck re-fueler	107	Production assembly	184
Produce stocker	150	Roofer	260
Assembly	178	Sandblasting	134
Machine operator	336	Semi-truck driver	400
Gen. labor (fabrics)	260	Assembly line prod.	400
Factory worker	500	Laborer	400
Construction worker	544	Repair mechanic	170
Telephone tech.	500	Maintenance	320
Car cleaner	200	Production worker	140
Common labor	134	Production worker	304
Production operator	528	Maintenance	160
Warehouse worker	150	Assembler	400
Truck driver	478	Construction worker	418
Electronics assembler	240	Machine operator	160
Gen. labor (metals)	210	Iron worker	710
Machine operator	260	Groundskeeper	160
Service station att.	160	Line supervisor	183
Machine operator	220	Truck driver	200
Machine operator	508	Truck driver	550
Truck driver	200	Production engineer	480
Millwright	580	Factory helper	160
Factory worker	134	Printer	320
Auto mechanic	200	Carpet layer	311
Millwright	480	Machine operator	500
TV repair	180	Electronics repair	200
Motorcycle repair	150	Maintenance	200
Motorcycle tech.	262	Computer tech.	364
Auto assembly super.	600	Equipment cleaner	200
Utility worker	320	Drywall finisher	280
Woodworking mach. op.	160	Jointer operation	172
Tool machine set-up	346	Truck driver	325
Cheese factory	152	Upholsterer	150
Screw machine operator	435	Machine operator	260
Grinder	161	Mechanic	266
Cabinet maker	200	Cut-off saw operator	440
Printer	210	Computer repair	380
Hot water heater inst.	240	Construction worker	245
Serv. station attend.	144	Carpenters helper	160

Table C 14 (Continued)
Male All-Other - Full time

Job	Weekly $	Job	Weekly $
Labor production	160	Carpenter helper	240
Machinist	357	Service station operator	133
Auto body rep. appren.	145	Spray painter	304
Power plant operator	389	Machinist	240
Chief engineer	240	Molder	275
Lathe operator	280	Bldg. maint. helper	257
Punch press operator	300	Laser tech.	350
Construction worker	180	Food packager	140
Food packager	140	Machine operator	160
Food processor	300		

Total weekly income = $38,990 148 = $263.45

Table C 15

Female Traditional Male Service - Full-time

Job	Weekly $	Job	Weekly $
General labor	150	General labor	150
Janitor/cleaner	134	Cosmetologist	150

Total weekly income = $584 - 4 = $146.00

Male Traditional Male Service - Full-time

Job	Weekly $	Job	Weekly $
Custodian	230	Security guard	160
Security guard	200	Security guard	175
Janitor	147	Maintenance	196
Maintenance	200	Security guard	140
Janitor	154	Janitor	128
Maintenance	127	Maintenance	150
Corrections officer	292	Janitor	140
Maintenance	240	Maintenance helper	254
Laborer	134	Scuba diving instructor	255
Custodian	135	Custodian	134
Janitor	300	Security guard	137
Security guard	200	Security guard	220
Security guard	135	Wood products laborer	150

Total weekly income = $4,733 - 26 = $182.04

Table C 16

Female Traditional Female Service - Full-time

Job	Weekly $	Job	Weekly $
Waitress	150	Nurses' aid	143
Waitress	134	Laundry worker	156
Nurses' aid	140	Home attendant	195
Waitress	160	Nurses' aid	150
Laundry worker	150	Child monitor	150
Aide	160	Nurses' aid	160
Companion/housekeeper	145	Busboy	134
Child care	170	Food service worker	180
Nurses' aid	178	Asst. cook	150
Nurses' aid	158	Waitress	145
Kitchen helper	138	Dietary aid	177
Bartender	160	Cook	134
Housekeeper	140	Personal attendant	190
Nurses' aid	140		

Total weekly income = $4,187 - 27 = $155.07

Male Traditional Female Service - Full-time

Job	Weekly $	Job	Weekly $
Orderly	170	Carpet cleaner	150
Cook	200	Cook	125
Kitchen worker	134	Nurses' aid	210
Cook	240	Dishwasher	134
House manager	150	Cook	137
Dishwasher	162	Cook's helper	127

Total weekly income = $1,939 - 12 = $161.58

In examining the types of jobs obtained by DVR clients, one conclusion is quite evident: There is a considerable disparity between the number of jobs obtained by men and women in the "All-Other" category. These are jobs generally termed as "non-traditional" employment for women. This may be particularly significant if these jobs are located in the larger industrial complexes or businesses because such employment is more likely to be union protected and to provide group health insurance and other benefits critical to persons with disabilities. However, the files did not stipulate where these jobs were located, nor were there any references to the existence of benefits. Moreover, the average wage differential was not nearly as great as anticipated (Table C 17).

TABLE C 17

Women "All-Other" Weekly Average	/	Men "All-Other" Weekly Average	
$215.67	/	$263.45	= 82%
Women Total Average	/	Men "All-Other" Weekly Average	
$211.18	/	$263.45	= 80%

However, it appears logical to assume that the greater number and variety of jobs in the "All-Other" category would greatly increase the job pool for women, if they were trained for and could acquire this type of non-traditional labor force participation.

In addition, comparison of job titles reveals little about job security, upward mobility potential, or degree of responsibility.

RESEARCH DESIGN -- Disincentives

The major problem in attempting to identify disincentives which prevent women from seeking DVR assistance in preparing for competitive employment is the simple fact that, if the disincentives are strong enough, women will simply avoid approaching DVR in the first place. Therefore, a survey of DVR records will disclose only those who, for some reason, did at least apply and failed to achieve employment through DVR services. Nevertheless, it was decided that an attempt should be made to identify reasons people would leave the system without obtaining their objective. In order to address this issue, a five percent random sample, stratified by field offices, of all female files closed as "not rehabilitated" (Status 08, 28, or 30) in 1984 was drawn.

Mechanics. A total of 64 files were requested, with 61 received and reviewed. Two files were incorrectly identified and were actually Status 26 closures. Of the remaining 59, four of the clients were determined ineligible

for services due to the absence of a significant work disability, three were closed because the clients were leaving the area, and two clients left the system because counselors could not support unrealistic objectives. Three categories generally divide the 50 remaining clients:

1. Too incapacitated to continue -- 10
   It is difficult to determine from case notes whether or not the clients' conditions actually deteriorated. However, it is reasonable to assume that this is not a rare event.

2. Litigation pending -- 6
   These were all either SSI, SSDI or Worker's Compensation appeals in process. It is unlikely that a client would jeopardize the legal process by demonstrating the ability to work.

3. Not interested -- 34

DISCUSSION:

The results here are minimal. If one assumes that the major reason for seeking employment is to have a source of economic survival, it is of interest to note that all but one of the first category were receiving SSI, SSDI, Worker's Compensation, AFDC or some combination of these programs; all of the second category were anticipating successful appeals for financial aid; and 16 of those in the third category were also receiving public economic assistance. At least 11 were living with family and 8 had no known support. Of course, there is little information in the files about such issues as potential loss of Medicare/Medicaid, problems with child care, transportation etc. -- except in those instances where DVR provided support services while the client was preparing for employment. It seems somewhat unrealistic to think that a client would share these concerns with a rehabilitation counselor and even more unrealistic to expect that such information, if offered, would be recorded.

RECOMMENDATIONS

COUNSELOR RESOURCES

The vocational rehabilitation counselor is the backbone of the DVR system. Working individually with each client, the counselor develops an IWRP which prescribes evaluation/assessment procedures, establishes employment goals, identifies training and/or specialized equipment/aids to be provided, etc.

Recommendation #1 - Caseloads

DVR should focus budget requests for the next biennium on increases in the number of counselor positions. In the event these requests are not honored due to Full Time Employment (FTE) position limitations, creative methods should be activated to re-deploy existing staff to counselor positions and to reduce the extraneous demands upon counselor time to reserve it for counseling functions. Such strategies might include options ranging from greater use of computer technology for record keeping to purchase of client information and support services as described below.

As client population has increased and numbers of DVR counselors have decreased due to funding reductions, counselor case loads have grown from an average of 117 per counselor in 1980 to 160 per counselor in 1984. (Directions for the Eighties, 1985) This effectively reduces the amount of time a counselor can spend with each client. Reduced counseling time impacts both male and female clients. However, it may be even more detrimental for women who must break through the double barrier of gender and disability bias in order to develop and act upon beneficial employment options.

Recommendation #2 - Training

A summary of the recent Workshop on gender-neutral evaluation and assessment proceedings should be made available to all participants and other interested parties. A edited version of the Workshop on video-tape should be used as an introduction to discussion of the special needs of women with disabilities and the need to eliminate gender and/or disability stereotyping. In recognition of the fact that counselors are rarely the first and/or the only encounter women with disabilities have with DVR, this abreviated training should be presented to all staff, regardless of their position in the System.

As noted in the body of this paper, sex-bias remains pervasive in all areas of our society. Elimination of automatic and arbitrary limitations confronted by members of either gender, purely on the basis of that gender, will require years of gender-neutral education, alternative role models, and a wide variety of other changes in the society. However, DVR resources have been and should continue to be utilized to eliminate gender-bias and disability stereotyping. This assumes a proactive, leadership role for DVR in identifying and meeting gender and disability specific needs of clients.

The Disabled Women and Career Choices Workshop, presented in Milwaukee on July 11 of 1986, represented an initial phase of professional training in gender-neutral evaluation and assessment of VR clients. This Workshop united DVR, the University of Wisconsin system and the Wisconsin Rehabilitation Association (WRA) in identifying and advocating methods of evaluation and assessment which avoid placing women with disabilities at a disadvantage simply because of their gender.

Recommendation #3 - Counseling Options

DVR should sponsor at least one pilot project to establish a support group designed for women with disabilities. Additionally, collaboration with existing projects in the form of purchase of service contracting should be actively pursued.

One way to improve the counselor's ability to assist clients of either gender is to identify and make available client training/experience options that can be purchased from outside vendors or provided by volunteer organizations.

DVR representatives are currently working with several outside projects specifically targeted toward women with disabilities which have demonstrated considerable effectiveness in Wisconsin:

1. The University of Wisconsin - Stout Career Education Project provides comprehensive career education for women with disabilities. First and second-year students compose an "Introductory" group focusing on career exploration, self-assessment, non-traditional careers, and personal assertiveness. The "Advanced" group of third and fourth-year students emphasizes career analysis, overcoming potential barriers, job seeking and job-keeping skills. During the academic year, monthly seminars are conducted for group activities, guest speakers (e.g. successfully employed women with disabilities who serve as role models), panel presentations, and role-playing activities. Small group activities and related resource materials are available to participants. The project, which is open to a total of 30 women with disabilities enrolled full-time at UW-Stout, is completing its third year of operation and has "lost" only one of its particpatnts. Project coordinators hope to expand their program to other U.W. campuses and, eventually, to other schools across the nation. However, it should be noted that grant money for this project has been exhausted and no additional money to continue it has been located to date. Unless more stable funding can be secured, this highly beneficial resource for women with disabilities, far from being expanded, will no longer be available. (Murphey, 1986)

2. Curative, Inc., a large, not-for-profit, out-patient rehabilitation center in Milwaukee, is piloting a mentoring project which teams female high-school students with disabilities and representatives (mentors) from business and industry for intensive two to five-day introductions to jobs in which the student has expressed an

interest. Working with students, parents, rehabilitationists and employers, this project attempts to match students with disabilities and employers who can provide first-handowledge of skills and abilities required for selected jobs. (Advisory Committee Meeting, 4/11/86)

3. Handicapped Organized Women (HOW) is a national network of support groups comprised of women with disabilities. HOW's primary thrust is mutual support and experiential learning through volunteer service. By involving women with disabilities in organizational activities and increasing their participation in the community, HOW strives to provide educational experiences both for women with disabilities and for the communities in which they work. Discovering mutual benefits has the power to integrate women with disabilities into the mainstream of community life and demonstrate their ability to contribute to community growth, as well as their ability to engage in productive labor. (HOW Chapter Starter Guidelines)

4. The Job Training Partnership Act (JTPA) targets a portion of its funds to training women with disabilities. Of particular interest are their "job clubs", which provide support, goal setting and job seeking skills. (JTPA Conference, Madison, Wisconsin, 4/15/86)

DVR representatives have been actively working with these groups to develop their potential. Cooperative relationships should continue to be explored. By encourageing female clients to participate in specialized groups of this type and, where appropriate, arranging to purchase these services or sponsor development of such groups through central and/or field office involvement, the effectiveness of conventional vocational rehabilitation techniques can be expanded for women with disabilities.

OUTREACH

Recommendation #4 - Outreach

DVR should continue working actively with a variety of outreach projects. In particular, collaboration between Project CAREERS and the Stout Career Education support group referenced above should be investigated and, if possible, implemented.

As previously noted, women appear to be under-represented in DVR client referrals.

Two pilot projects show unique promise:

1. Feasibility of Increasing Referrals from Social Service Agencies is a cooperative venture between DVR and the Division of Community Services (DCS) to identify Aid for Dependent Children (AFDC) recipients who qualify for DVR services. As most of these recipients are female, this project -- which utilizes video tapes to train AFDC

intake workers in identifying applicants with disabilities and referring them to DVR -- might increase female referrals. (Kosmo, 1986)

2. An even more ambitious project is nearing completion. Funded by the Women's Educational Equity Act and created by the North Central Technical Institute (Wausau, WI) and The Vocational Studies Center -- University of Wisconsin - Madison, Project CAREERS attempts to identify and help women with disabilities make the transition into two-year educational institutions with the eventual goal of employment. Unique to this project is a series of 30-minute video tapes for use on television and/or video cassette recorders (VCRs). These commercial-quality tapes will feature a wide variety of women with disabilities functioning in a wide variety of ways in the community; artistic, philosophical, and personal experience observations created by women with disabilities; and descriptions of services available to people with disabilities, with information on how to access service providers. Specifically designed to reach women and girls who customarily do not leave their homes and/or who lack information resources, the project also includes a manual which can be used in the home to help women identify their interests, their options and their goals. (Michalski, et al, 1986) A second manual, designed for professional or volunteer service providers, will detail structured approaches to overcoming barriers unique to women with disabilities. (Daugherty, et al, 1986) All three of these elements have real potential value for DVR clients and counselors. In addition to public telecasting, which might motivate prospective clients to seek DVR services, both tapes and manuals could be used by counselors in or volunteers working with individual women or groups of women to facilitate the counseling process.

CLIENT OPTIONS

Little concrete information on disincentives to work force participation was identified in this study and no opportunity existed within the confines of the information sources available to researchers to identify the reasons women with disabilities do not appear to be sufficiently accessing themselves to available services. However, it appears possible that the removal of certain existing barriers might stimulate greater participation and wider options for these women.

Recommendation #5 - Self-Defense

DVR should sponsor a pilot training program in personal self-defense for female staff and women with disabilities. The purpose of this training would be to evaluate the possibility that women who are less fearful for their own safety are more likely to move freely about the community and to encourage others to do so as well.

All women are subject to intimidation based on their relatively greater vulnerability to physical and/or mental abuse. Women of color confront

additional difficulties in this regard, while women with disabilities appear to be at greatest risk. Regardless of the location involved, (at home, in public places, on public transportation, in education and training facilities, or in the work place) the perception of the potential for personal injury has a powerful influence on what women will or will not attempt. Training in self-protection which does not require great physical strength, dexterity, or agility is available. (Sabitino, 1986)

Recommendation #6 - Child Care

Recommendation: DVR should formally recognize that childcare is not an amenity, that it is in many cases a bona fide necessity for working parents. In those instances where providing DVR resources to secure childcare is likely to free a parent with a disability to train for, seek, and secure employment capable of adequately supporting the family, the cost of reasonable childcare should be regarded as a legitimate use of case service dollars.

Childcare is a central issue for many women. Women with disabilities who have children may be prevented from even making initial contact with DVR due to the lack of resources to pay for childcare. Recognizing that DVR is not intended to be a primary resource for childcare needs, it remains important to consider these needs at every point in the vocational rehabilitation process. The availability of adequate, affordable childcare must be considered a valid issue in the provisions for evaluation and assessment, selection of an employment goal, training options, and placement.

Recommendation #7 - Academic Options

DVR should formally recognize that, even where evaluations of intellectual and physical capacity indicate the probability of academic success and college or technical school training is part of a reasonable rehabilitation goal, some clients may greatly benefit from an opportunity to start such programs with only one or two courses in a semester.

Where college or technical school training is needed to attain a vocational rehabilitation goal, it may be unrealistic to require that a client attempt a full-time, or nearly full-time, educational commitment initially. Particularly where the client is unfamiliar with the demands of higher education, needs an opportunity to readjust to academic discipline, or has responsibilities at home that preclude a full study schedule, it may be far better to authorize one or two "trial" courses before deciding for or against a full academic program.

Recommendation #8 - Advocacy

DVR should maintain and expand an active information and advocacy role. Utilizing the media; personal contacts with business, industry, organizations of special interest groups and governing bodies; and sponsoring the community and political involvement of all people with disabilities; DVR can be an

effective catalyst for change.

DVR can hardly unilaterally eliminate financial disincentives to work force participation, some of which include loss of Medicare/Medicaid and the SGA rules, enforced at the state and/or federal level. However, DVR can work actively with its constituency to influence changes in state and federal laws, rules, and regulations which discourage people with disabilities from entering the labor force.

VISIBILITY

Recommendation #9 - Women's Initiative Project

The DVR Women's Initiative should become a permanent part of the DVR system with a Full-Time Employment position devoted exclusively to on-going coordination of the project.

Isolation is destructive to persons with disabilities, to the agencies that seek to serve them and to the community that loses the benefits of the talents and abilities of a large portion of its population. People (especially women) with disabilities must be visible in the workplace, in volunteer organizations, in advisory councils and in every other facet of life. DVR must also be visible in all these areas, taking a proactive stance in partnership with all the people it seeks to serve. Women often maintain that they feel "invisible" in the mainstream of society. People with disabilities often describe the same feeling. Women with disabilities are thus "doubly invisible". The pervasiveness of the society's attitudes about women, people with disabilities and women with disabilities makes it unlikely that positive change can be secured without sustained commitment. A DVR Women's Initiative Coordinator can focus attention and action toward gradual elimination of negative gender and disability stereotyping.

INFORMATION REQUIREMENTS

The clearest message arising from this study is that a great deal of additional information and evaluation is needed with specific reference to VR referrals, services and outcomes in Wisconsin and around the nation. Comparable data, better documentation, and adequate follow-up would greatly improve efforts to assess effectiveness and target future efforts to improve the economic status of persons with disabilities.

Recommendation #10 - Quality Assurance

DVR should actively pursue regular and frequent quality assurance monitoring by adding and providing administrative support to at least 2 quality assurance specialists. Such quality assurance monitoring should include not only efforts to improve documentation and reduce errors in recording mechanisms, but also clarification and implementation of "quality counseling". Quality assurance specialists should be trained to identify and promote gender-neutral evaluation and assessment, reality testing in terms of IWRP goals developed

with clients, incorporation of appropriate labor market information and cooperative relationships with counselors which will enhance outcomes for all DVR clients.

In 1985, the Wisconsin Legislative Audit Bureau (LAB) reported on its audit of DVR services and outcomes. Citing inappropriate "homemaker" closures, -- where the last amended Individual Written Rehabilitation Plan (IWRP) called for a competitive employment goal -- the Bureau called for improved quality assurance monitoring. This is of special importance to women, who are more frequently placed in this "catch-all" category. Federal guidelines allow for 30 percent of closures to be in this category and, although DVR's "homemaker" closures represent only 8.2% in 1984, the vast majority of these closures are women. (Mommaerts, 1986)

The homemaker closure is a particularly difficult issue. The definition alone is ambiguous. Just what is a homemaker? Can an individual be a homemaker if s/he has no dependents? If an individual comes to DVR seeking help in preparing for a wage-earning occupation, is closure as an unpaid homemaker a successful rehabilitation outcome? By the same token, if the client elects to drop the pursuit of competitive employment, has the counselor failed in terms of her/his performance contract? The expansion of active quality assurance might, among other things, instigate development of a clear definition for "homemaker", improve documentation, and decrease errors in reporting that confound accurate assessment of services and outcomes for male as well as female clients.

With particular reference to the issues raised in this paper, more frequent quality assurance file reviews could represent a continual up-dating of information contained in this study, a structured source of additional needed information, and a unifying force throughout the DVR system.

However, it is extremely important to avoid the temptation to equate "quality" only with accurate numbers and detailed records. When properly implemented, quality assurance should focus primarily upon evidence of sensitive, realistic, and comprehensive counseling, resulting in optimal outcomes for clients. File reviews, then, should simply reflect an accurate image of the care, concern and knowledge devoted to each person who encounters the DVR system.

Recommendation #11 - Tracking

DVR should investigate options for funding and implementation of a study to trace clients over an extended period of time (i.e. 5 to 10 years) with emphasis on long-term impacts of particular interventions.

Current federal/state policy dictates that, once a client has maintained a work status for 60 days, the client's case file is closed as "successfully rehabilitated." Further contact with the client is limited to those instances where assistance is again required to maintain or regain employment. (DVR Policy and Proceduee Manual)

This policy leaves questions about the long-term efficacy of services -- such as job security, upward mobility and transferable skills -- unanswered. Such information would have a powerful impact on cost-benefit analysis. For example, college-level education may not provide the immediate benefits of on-the-job-training, but may provide much greater benefits when measured beyond a 60-day time-frame.

Tracking over the long term is one of the most difficult forms of research. However, studies such as the Michigan Panel Study have demonstrated that it can be done and that, when it is done, the results can be both surprising and illuminating. (Duncan, 1984)

Recommendation #12 - Region V Study

DVR should continue to take an active lead in designing, implementing, analyzing and disseminating the results of the Region V Women's Study nationwide.

The Rehabilitation Services Administration (RSA) is the federal agency devoted to VR services nationwide. RSA divides the country into regions for administrative purposes. Region V consists of Ohio, Indiana, Michigan, Illinois, Minnesota and Wisconsin. In 1984, the Region V VR Directors agreed to a cooperative effort to assess characteristics, services, and outcomes for women between and among these states.

Using R-300 tapes (See Appendix B for information contained on each R-300 tape.) from all VR closures in all states during the years 1972 through 1984, a new data base has been established at the West Virginia Research and Training Center. Data runs are anticipated by September 1, 1986. Because R-300 tapes do not isolate either homecraft or part-time employment, the assumption will have to be made that the proportions of homecraft and part-time employment are the same in each of the six states. However, because this data is limited to VR client characteristics, referrals, services and outcomes in states clustered in the upper mid-west, many of the problems associated with obtaining comparable information can be avoided. An equally significant aspect of this study is the opportunity it represents for longitudinal analysis of VR systems. Finally, because the data is centrally located and readily accessible for repeated data runs, additional questions can be added with relative ease. (Lee, 1986) Accessibility became an insurmountable problem with the direct file survey due to the sheer bulk of the files and their location in 21 different field offices.

CONCLUSION

The requirement of Individualized Written Rehabilitation Plan(s) highlights DVR's commitment to personalized assistance in obtaining vocational rehabilitation goals for all people with disabilities. The intent of this study has been to identify the particular ways vocational rehabilitation specialists need to accomodate the fact that women's experience of being women shapes their lives just as surely as their experience of disability.

DVR is not a "job service." It' mission is to assist, to facilitate, to provide guidance toward the fullest possible participation in the community for individuals with disabilities. The cornerstone of participation is economic independence -- meaningful employment.

As DVR's Women's Initiative discovers, develops and implements strategies to increase options, highten visibility and promote real economic opportunity for women with disabilities, these same strategies may be expected to enhance prospects for men with disabilities, as well as other traditionally isolated and disadvantaged individuals/groups.

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Appendix A
Page 1

RACE AT REFERRAL

By Year:
Freq
Row %
Col %

	1981		1982		1983		1984	
	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE
White	12,308 40.05	18,425 59.96	12,272 39.09	19,126 60.91	13,012 38.43	20,847 61.57	13,664 38.50	21,828 61.50
Black	875 40.20	1,302 59.80	905 38.01	1,476 61.99	929 37.40	1,555 62.60	1,020 37.12	1,728 62.88
Other	243 34.81	455 65.19	231 31.05	513 68.95	301 32.86	615 67.14	339 32.44	706 67.56

Appendix A
Page 2

Age at Referral

% of Column

AGE	1981 FEMALE	1981 MALE	1982 FEMALE	1982 MALE	1983 FEMALE	1983 MALE	1984 FEMALE	1984 MALE
00-17	11.95	10.75	11.71	10.18	11.59	9.71	10.84	9.4
18-25	31.93	33.28	31.29	33.28	31.34	33.46	30.80	33.68
26-35	24.51	25.75	24.87	26.37	25.36	26.70	26.47	27.52
36-45	15.26	14.18	16.31	14.68	16.33	15.14	17.10	15.62
46-55	11.59	11.75	10.99	11.17	10.56	10.54	10.52	9.87
56-65	4.1	3.99	3.55	3.91	3.23	3.99	3.06	3.41
66+	0.70	0.30	1.27	0.42	1.57	.48	1.20	.49
Total	16,302	24,979	16,166	25,905	17,095	27,960	17,706	28,839

Appendix A
Page 3

Years of Education at Referral

Frequency % of Col	1981 FEMALE	 MALE	1982 FEMALE	 MALE	1983 FEMALE	 MALE	1984 FEMALE	 MALE
Spec. Ed.	400 3.18	610 3.24	418 3.34	692 3.54	375 2.80	587 2.73	349 2.43	594 2.56
0-8	752 5.98	1,661 8.82	667 5.33	1,575 8.07	667 4.99	1,574 7.32	672 4.67	1,589 6.84
9-11	3,030 24.10	5,190 27.55	3,022 24.13	5,318 27.24	3,159 23.61	5,848 27.21	3,295 22.92	6,300 27.12
12	5,995 47.69	8,172 43.38	6,010 49.98	8,694 44.53	6,573 49.12	9,860 45.87	7,144 49.69	10,801 46.49
13-15	1,881 14.96	2,496 13.24	1,909 15.24	2,541 13.01	2,057 15.37	2,848 13.25	2,284 15.89	3,072 13.22
16+	513 4.08	710 3.77	499 3.98	706 3.62	549 4.1	778 3.62	632 4.40	877 3.77
Total	12,571 31,410	18,839	12,525 32,051	19,526	13,380 34,875	21,495	14,376 37,608	23,233

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Referral Source (Cases on Record)

Frequency % Col	1981 FEMALE	 MALE	1982 FEMALE	 MALE	1983 FEMALE	 MALE	1984 FEMALE	 MALE
Ed Insti- tution	2,727 16.73	3,643 14.58	2,706 16.74	3,753 14.49	2,991 17.5	4,192 14.99	3,167 17.82	4,431 15.37
Hosp and Sanitation	1,455 8.92	2,404 9.62	1,413 8.74	2,460 9.49	1,516 8.87	2,611 9.34	1,585 8.92	2,548 8.84
Health Org	1,429 8.76	1,920 7.69	1,426 8.82	2,012 7.77	1,522 8.90	2,263 8.09	1,591 8.95	2,415 8.38
Welfare Ag	1,051 6.45	1,476 5.91	901 5.57	1,468 5.67	887 5.2	1,410 5.04	852 4.79	1,376 4.77
Soc. Security	2,092 12.83	3,689 14.77	1,959 12.12	3,756 14.50	1,762 10.31	3,438 12.3	1,446 8.14	2,424 8.41
Worker's Comp	142 .87	385 1.54	159 .98	431 1.66	156 .91	409 1.46	195 1.1	473 1.64
State Job Service	562 3.45	1,144 4.58	455 2.81	917 3.54	434 2.54	889 3.18	462 2.6	922 3.2
Correct Spt	61 .37	518 2.07	85 .52	584 2.25	134 .78	781 2.79	147 .83	936 3.25
Other Pub Agen	386 2.37	703 2.81	415 2.57	717 2.77	441 2.58	870 3.11	477 2.68	933 3.23

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Referral Source (Cases on Record) (Continued)

Frequency % Col	1981 FEMALE	 MALE	1982 FEMALE	 MALE	1983 FEMALE	 MALE	1984 FEMALE	 MALE
Private Org	325 2.0	508 2.03	322 2.0	494 1.91	347 2.03	534 1.91	384 2.16	659 2.29
Self-referred	4,149 25.45	5,791 23.18	4,390 27.15	6,436 24.85	4,811 28.15	7,349 26.29	5,172 29.10	8,193 28.42
Oth Individ	1,923 11.8	2,796 11.19	1,935 11.97	2,874 11.09	2,091 12.23	3,211 11.48	2,293 12.90	3,521 12.21
Total	16,302	24,977 41,279	16,166	25,902 42,068	17,092	27,957 45,049	17,771	28,831 46,602

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Earnings Gain From Acceptance to Closure - 26's

	1981	1982	1983	1984
Female Non-Severe	1,119 $102.44	982 $107.39	972 $114.97	1,035 $122.57
Female Severe	1,416 $76.97	1,572 $77.42	1,508 $78.16	1,439 $94.91
Male Non-Severe	1,677 $155.81	1,600 $148.99	1,681 $161.99	1,792 $177.35
Male Severe	1,767 $125.10	1,847 $121.60	1,938 $129.79	2,209 $154.08
All	5,981 $118.09	6,001 $115.00	6,105 $123.57	6,475 $142.33

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Weekly Earnings at Closure - 26

# of Clients Avg. Earn/Clt	1981	1982	1983	1984
Female Non-Severe	1,119 $136.65	983 $139.27	973 $145.44	1,035 $152.10
Female Severe	1,416 $99.99	1,578 $102.21	1,510 $102.33	1,440 $119.80
Male Non-Severe	1,679 $195.87	1,603 $190.64	1,688 $194.14	1,793 $212.03
Male Severe	1,769 $162.53	1,851 $156.57	1,938 $164.93	2,213 $184.97
All	5,983 $152.25	6,015 $148.56	6,109 $154.42	6,481 $172.73

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Client Closed Status 26 - Work Status at Closure

Frequency / Row % / Col %	1981		1982		1983		1984	
	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE
Competitive	1,790 38.25 70.56	2,890 61.75 83.72	1,762 37.98 68.99	2,877 62.02 83.20	1,694 35.71 68.22	3,051 64.3 84.19	1,835 34.2 74.29	3,530 65.79 87.82
Sheltered	115 46.56 4.53	132 53.44 3.82	75 39.07 2.93	117 60.94 3.38	59 37.82 2.38	97 62.18 2.68	72 45.57 2.91	86 54.43 2.14
Self-Employed	182 37.14 7.17	308 62.86 8.92	173 38.19 6.77	280 61.81 8.10	148 34.99 5.96	275 65.01 7.59	101 32.06 4.09	214 67.94 5.33
BEP	1 11.11 .04	8 88.89 .23	1 20.00 .04	4 80.0 .12	0 - -	1 100.00 .03	1 50.0 .04	1 50.0 .02
Homemakers	431 85.01 16.99	76 14.99 2.2	516 79.39 20.20	134 20.61 3.88	562 78.49 22.63	154 21.51 4.25	444 75.77 17.98	142 24.23 3.54
Unpaid Fam Workers	18 32.14 .71	38 67.86 1.1	27 36.99 1.06	46 63.02 1.33	20 30.3 .81	46 69.7 1.27	17 38.81 .69	42 71.19 1.05
Total	2,537	3,452 5,489	2,554	3,458 6,012	2,483	3,624 6,107	2,470	4,015 6,485

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APPENDIX B
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